MARGIN RESERVED FOR BINDING

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Dr. Moler

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

/					
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
County Allegany	(For newborn infants give residence of mother) State Maryland State Allegany				
City or town. Cumberland. (If outside city or town limits, write RURAL and give nearest town)	outil)				
How long in abore place of death?	City or town				
Hospital, Institution, or street address where death occurred:	Street No				
Memorial H_spital	(If rurat, give LOCATION)				
How long in hospital or institution? 2 days	2.(a) If veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
Mrs. Mary Elizabeth Barth 6. Sex 5. Color or race 6. (a) Single, married, wildowed, or divorced	Those				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Female White Widowed	20. OATE OF DEATH. Sept. 28, 19 47, 21 6: 45P M				
s.(b) Name of husband or wife. George Barth	21. CERTIFY that death occurred on the date above stated; that I attended deceased from				
S.(c) if alive, give age vegre	19 19 19 19 19 19 19 19 19 19 19 19 19 1				
7. Birth date of descased (mo., day, yr.) Feb. 17, 1858	and that I last saw h				
B. AGE: Years Months Days If less than one day	Immediate cause of death Duration				
89 7 //hrs,mln,	- Duffesion :				
e Girthplace Somerset Pa	Confirmatel de col: 6 Ma.				
(Town, county, and state)	Due to				
18. Usual occupation	Doll down Webs				
11. Industry or business					
12 Name Ringold, Markel	Other conditions Locaralysis of Yace				
I 13. Birthplace Pa	and teens.				
14. Malden name Dont Know	(Include pregnancy within 8 months of death)				
Dont know	Major findings of operations.				
16. Informant Memorial Hospital	- Date of op				
	PHYSICIAN: Please underline the cause to which death shoold be charged statistically.				
Address Cumberland, Maryland	22. VIOLENCE: If death was due to externat causes, fill by the following;				
(Burial, cremation, or removal, Which?) Bate thereal cf. (month) (day) (year)	Accident, suicide, or homicide				
Cemetery or crematory Sant George church	Where did Injury occur?				
Location Mount Savage Md	Injured at home, farm, industry, public place (where?)				
18. Funeral director to know to Wastania	Means of Injury Injured at work?				
Address January Market Mark	MMMestal				
(Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE M. D. or other				
(Date rec'd by registrar) Registrar	Address Bate signed				

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CEPTIFICATE OF DEATH

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Reg.	Dist.	No	U	7

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL PESIDENCE (HOME) OF DECEASED: (Py) nowporn infants give residence of mother)
County Mary	State of Carolina County
City or town 1 double city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	
Mospital, Institution, or street address where death occurred:	Street No. 2. O. A. Duttalag Jank
Marsha Dagastal	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
mary J. Wilton 13	angan -
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temple Irlute married	20. DATE DE DEATH SO ST. 20/4).
0-1 2 1200	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
6.(b) Name of husband or wife	Sept-1/3 19.47 10 Sept-24 19.47
7. Birth date ot	and the I last saw h
deceased (mo., day, yr.)	
8. AGE: Years Months Days It less than one day	Immediate resent death DURATION
2 9 1// 19hrsmin.	Costromia 1 huy
1 1 P. 1 11 P. 1.	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Atomos A	
	Due to
11. Industry or business	
12. Name	Diher conditions
13. Birthplace Besteley 60. 5. 6.	(include pregnancy within 3 months of death)
14. Maiden name Days Jack Drill	Major findings of operations.
14. Malden name. 3. 15. Birthplace Be Ables 60. 1. 6.1	major reduings of operations
In O. S. Barrer	Animpsy results.
18. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Pidgenffl, Honle !. Marolina	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17. (Burial cremation, or removal, Which?) (Burial cremation, or removal, Which?)	Accident, suicide, or homicide
(Burial (cremation, or removal. Which?) (month) (day) (year)	Where did Injury occur?
Cemetery or crematory.	
Location Language and Colour State of	Injured at home. farm, Industry, public place (where?)
18. Funeral director Jaset Dayles	Means of Injury Injured at Mork?
IN IN) (men ([Smil)
Address Thatlung, MA	23. SIGNATURE
10 7-24 104 Mus Yalley X. No.	Frankling md. 9-24 47
(Date rec'd by registrar) Registrar	Address Date signed

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

PLAINLY, V

PLEASE WRITE

FOR BINDING

MARGIN RESERVED



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The coof death clearly and legiply. (For newborn infants give residence of mother) (If outside city or town limits, writ How long in above place of death? Hospital, institution, or street address when (If rural, give LOCATION) How long in hospital or institution?. 3. (b) Social Security Number 3. (a) FULL NAME 6.(a) Single, married MEDICAL CERTIFICATION BINDING that death occurred on the date above stated; that I attended deceased from FOR 7. Birth date of deceased (mo., day, yr.) -Supply lease wr DURATION If less than one day 8. AGE: RESERVED 10. Usual occupation. MARGIN 11. Industry or busines 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace WITH Major findings of operations. PLAINLY, is especially HYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill In the following: Date thereof. Where did injury occur? 国 (City or town) (County) RITI Injured at home, farm, industry, public place (where?) Injured at work? 1B. Funeral director 02 Address 23. SIGNATURE (Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

National Section National Section 1981			rles St., Baltimore	97		076	03
1		CERTIFICA	TE OF DEATH		Reg. D	Dist. No	4
1. PLACE OF DEA County(If or How long in above place	Alle	aits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Allegany City or town (If outside city or town limits, write RURAL and give nearest town)				
nospital, institution, or	North Wav	erly Terrace	Street No	(If rural, give L			
3. (a) FULL NAME					3. (b) Soci	ial Security	Number
	Lafay	ette Ashby Carder]	None	
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Widowed		EDICAL CE September	RTIFICA		4-15 A
6.(b) Name of husband of the first date of deceased (mo., day, yr	35	ry Susan Carder 6.(c) If alive, give age yea 27 1864	and that I last saw aal	19.4 ive on S	7.10		Z8 19 7 19 7 7
8. AGE: Years 83	Months 6	Oays It less than one day Lhrsmin	Immediate cause of death	ezil a	Low	selv	OURATION
9. Birthplace	(Town, c	pshire Co, West Va	Due to	,			427
12. Name	Abner	Carder e Churches, W. Va.	· Dther conditions			•••••	
14. Maiden name	Ro	mney, W. Va.	(Include preg				
16. Informant		Terr, Cumberland, Md.	PHYSICIAN: Please undertine	the cause to which	ch death should	d he charged	statistically.
17. Buria. (Burial, cremation, Cemetery or cremator	or removal, Which?)	Date thereof Oct 1,1947 (month) (day) (year) enezer Cemetery	22. VIOLENCE: tt death was d Accident, suicide, or homicide Where did tnjury occur?			Date of	(State)
Location		Romney, W. Va.	Injured at home, farm, Industry,	public place (whe			
1B. Funeral director	W11	liam H. Kight	Means of Injury		Injured	at work?	
Address	Cumb	erland, Md.	23. SIGNATURE	25	2		~50
1 // 1 / .						M D	or other .

OCT 7 1947

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
002117	State Md county Allegany				
City or townRural) Cresaptown Md. (If outside city or town limits, write RURAL and give nearest town)	City or town Rural) Cresaptown (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)				
Hospital, Institution, or street address where death occurred:	Street No.				
-	(If rural, give LOCATION)				
How long in hospital or institution?	2.(a) If veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
Harry Charles Cecil					
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
malw white married	2D. DATE DF DEATH. Sept. 29 19 47 at 2 4.				
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
5.(6) Name of husband or wife Many Stottlemyer	10				
7. Birth date of 9 1. 19 6 6.	and that I last saw h im all Dead Sept. 29 19 4.7				
deceased (mo., day, yr.)					
8. AGE: Years Months Days If less than one day					
61 8 3hrsmin.					
N. 0	years				
9. Birthplace	Due to				
10. Usual occupation returned farmer					
V V	Due to				
11. Industry or business					
12. Name Cecil 13. 8irthpiace Manufactural	Diher conditions. Diabetes Mellitus several				
	(Include pregnancy within 3 months of death)				
14. Maiden name Plizabeth Honna 15. Birthplace Mynchol	Major findings of operations				
15. 8irthplace Whenland	Major indiags of operations. Date of op.				
Dr. 20 Co. 1					
10. Informant	PHYSICIAN: Please underline the cause to which death should he charged statistically.				
Address Chesaptonon, Mil	22, VIOLENCE: It death was due to external causes, till in the tollowing;				
(Burisl, cremation, or removal, Which?) (Burisl, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide				
0 1 0 - 1					
Cemetery or crematory Elehant Cemetery	Where did Injury occur?				
Location Ex Eckhant Mines Mrs.	Injured at home, farm, Industry, public place (where?)				
Ø . 0+. \	Means of Injury Injured at work?				
18. Funeral director	Deputy Medical Examiner - Allegany				
Address Symbolish Myn 1971	23. SIGNATUREH. V. Deming M.D. / J. Down M. A.				
11- 47 11/8/1 must s	M. D. or differ				
19. (Date ree'd by registrar) 19. The Registrar	Address Combuland Md Date signed 129/4/2				



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

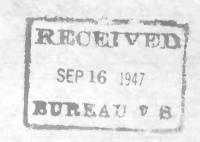
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. 07605 9

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, give residence of mother)
County	State MANY County Allegany
(If outside city or town limits, write XURAL and give nearest town)	19 manifered
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No.
minus formal Thousands fill	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John homas wark	2/7-03-2034
4. Sex 5. Color or race 6.(α) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Thile Married	20. DATE OF DEATH DEPT 12 1947, at
6.(b) Name of husband or wife. Besain Caster Clark	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	Sept 12 1947 to Sept 12 1847
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Sec. 20, 1883	Immediate cause of death DURATION
12 0 20	Skull Fraghere
63 8 22hrsmin.	Crushed Chest
9. Birthplace (Town, county, sid state)	oue to.
	A. 00
10. Usual occupation.	Due to.
11. Industry or business of 10. 10 in al las mun	C
12. Name This Innuas telaske	Other conditions
13. Birthblace Curlengum	(Include pregnancy within Simmths of death)
E 14. Maiden name Alawy J. Allell	Major findings of operations
2 15. Birthplace & Makening, Md	Date of op.
18. Informant 18 a Dest To Caple	Autopsy results
Address Fridland and	PHYSICIAN: Please anderline the cause to which death should be charged statistically.
0 1 + 11.161.4	22. VIOLENCE: If death was due to external causes, fift in the following:
(Burial, cremation, or removat. Whigh?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide Date of Date of Date
Cemetery or crematory Dass Hull Censulary	Where did injury occur (City or town) (County) (State)
location Location of Anya.	tnjured at home, farm, Industry, public place (where?)
m. E. alleman	Means of trijury Mine Cave in trijured at work? 4 t S.
18. Funeral director	0 1 11 - 0.00
Address Thackning flow.	23. SIGNATUR DENEdict & Kitarelic M. D.
109-13 104) Mus Marion XI Rue	MANUSALA NASATAD M. D. or other
(Date rec'd by registrar) Registral	Address / I SM PU C / TO DIO Date signed / / M. J.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		OZICI II TOIL	Reg. Dist. No.
How long in above plac	MBERLAND, MI	nits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State WEST VIRGINIA County GARRETT State WEST VIRGINIA City or fown PETERS BURG (If outside city or town fimits, write RURAL and give nearest town) Street No. (If roral, give LOCATION)
How long in hospital	r Institution?	***************************************	2.(a) If veteran, name war
3. (a) FULL NAM MRS. PE	E ARL CRIPPE	N	3. (b) Social Security Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE	WHITE	WIDOWED	20. DATE DF DEATH SEPTEMBER 12, 1947 19. 12;49 A.M. M
	AMOS	CRIPPEN	
6.(b) Name of husband	or wife	01121121	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from Sept. 4, 1947
7. Birth date of deceased (mo., day,		6.(c) If alive, give ageyear	and that last say her alive on September 11, 19 47
8. AGE: Year	s Months	Days (fless than one day	Delenno Cueruno
58	4	23hrsmin	
9. Birthplace	HOUSEWOR)	IA Sounty, and state)	Due to Date State
14. Malden name.	ESTHER O		(include phygnancy within 8 months of death) Major findings of meration.
16. Informant	EANOR MOOM PETERSBURG		PHYSICIAN Bease underline the cause to which death should be charged statistically.
(Burial, cremation	ory My El	Date thereof (month) (day) (yesr)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location	Do al	Meg, 60.11a.	Injured at home, farm, industry, public place (where?)
18. Funeral director	Broken	Minney.	(A Hankeyon
19. Se st. (Date rec'd by re	/3 19 4 7	W. R. Jantz M. L.	23. SIGNAURE M. D. or other 124 Address Lice Date signed 7

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING WRITE PLAINLY, is especially

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2411 N. Charles St., Baltimore

F HEALTH Dr R. W. Beeves

CERTIFICATE OF DEATH

Reg. Dist. No. 6

CLICITICAT	Reg. Dist. No.
1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or towo	State Maryland County Allegany City or town Westernport, (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Hospital, institution, or street address where death occurred: Reeves Clinic	Street No. 80 Main Street (Ifrural, give LOCATION)
How long in hospital or institution? 20 minutes	2.(a) If veteran, name war
3.(a) FULL NAME MICHAEL JOSEPH DAILEY	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Whitev Married	2D. DATE OF DEATH September 26 19.47 4:45 p
6.(6) Name of husband or wife Katherine Getty Dailey 5.(c) If alive, give age 38 years 7. Birth date of deceased (mm. day, yr.) October 18, 1902	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18
deceased (mo., day, yr.) October 10, 1902	Immediate cause of death DURATION DURATION DURATION DURATION DURATION DURATION DURATION DURATION
8. Birthplace. Westernport, Allegany, Maryland (Town, county, and state) t0. Usual occupetion. Manager t1. Industry or business Electric Light Company	Due to
John W; Dailey 12. Namo John W; Dailey 13. Birthplace Westernport, Maryland	Other conditions
14. Malden name Clara B. Kelly 15. Sirthplace Borden Shaft, Md.	Major findings of operations
16. Informant Mrs Katherine Dailey	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Westernport, Maryland 17. Burial Date thereof Sept 29,1947 (Burial, cremation, or removal, Which?) Cemetery or crematory St Peters Cemetery Westernport, Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
t8. Funeral director Ellsworth S. Boal	Meane of lpjury Injured at work?
19. (Date fee'd by registrar) Nesternport, Md. Registrar	Adjusted Le Serifort Whole signed 7/27/4

SEP 30 1947

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Dr. Rozum

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

log. Diat. No.

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
William Carleton Deffen	bough
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE DE DEATH. September 22 1947 1100 A. M
8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/0/7/ 19 7 10 7 2 2 19 and that I last saw h ladive on 9 19 Immediate cause of death OURATION Due to 0
11. Industry or business Orn farm 88 12. Name Denton Deffenbaugh 13. Birthplace Oldforn, 17d. 14. Maiden name Eliza Hartsock 15. Birthplace Torn Creek 16. Informant (12.2. Linna Deffenbaugh)	(Include pregnancy within 3 months of death) Major findings of operations Autopsy results.
Address B4, Z, Flintstone, Md. 17. Buria (Burial, cremation, or removal, Which?) Cemetery or crematory. Odd Fallows Comztery. Location Gent fintstone 18. Funeral director. Address Charactery Land.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
19 Opto rec'd by registrar) Registra	23. SIGNATURE M. D. or other, Address Oate signed Oate signed Oate signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Allegany		
City or town Lonaconing IId. (If outside city or town limits, write RURAL and give nearest town)	State Md. County Allegany	
How long to above place of death? 3 9 sess 1 5 mins 29 to	City or town T.One.CONING (If outside city or town limits, write RURAL and give ner	arest town)
Hospital, institution, or street address where death occurred:	Street No. Island	
Home) Island St.	(If rural, give LOCATION)	
How long in hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number /
Dorothy Dodds	216-0	5-587
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female White single	20. DATE DE DEATH Sept. 21 19 47	at 9.45P
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended doce	ased from
		19
7. Birth date of	and that I last saw h.er. all Dead Sept 23	194.7
deceased (mo., day, yr.) March 32, 1908 R A.F. Years Months Days If less than one day	Immediate cause of death	DURATION /
o. Add.	Subarachnoid hemorrhage	45
39 2 29hrsmin.	spontaneous	minutes
9. Birthplace & saracounta, Culticary Co, Ma	Due to	***************************************
P. John, county, mid state,	2	
10. Usual occupation.	Due to	
11. Industry or business several extre Co.		
12. Name Sodds 13. Birthplace Smarsning nid	Dther conditions	* *************************************
13. Birthplace & marsning Mid	(Include pregnancy within 3 months of death)	
# 14. Maiden name Marie Pendleberry		
15. Birthplace Phidland Mid I	Major fiudiogs of operations.	
0. 1. + Ox . dd.	Autopsy results. AS. Above	
16. Informant Towns Constitution of the second seco	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
Address Loncoming, 110	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which) Date thereof. (mysth) (day) (year)	Accident, suicide, or homicide	
man by M. M. Caracter	91	
Cemetery or crematory () Company () Comp	Whers did injury occur? (City or town) (County)	(State)
Location Location Location Location Location	Injured at home, farm, Industry, public place (where?)	
18. Funeral director 200; Carly Seon	Means of injury Injured at work? Deputy Medical Examiner - Alleg	gany Ca
Address Compromises Mda	separa and an analysis and an	1 2.7
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATUREH. V. Deming M.D. H. D.	or other
19 Sept 25 194/ Hamelle M Boal	P. L. P. J W.	9/1.2/



MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH. September 16, 19 47 at 8:45 PM
6.(b) Name of husband or wife Russell Doman 6.(c) If alive, give age 20 years 7. Birth date of July 27 . XXXX 1926	21. I CERTIFY that death occurred on the date above stated; that I attended daseased from Sept 14 19.4.7 to Sept 16 19.4.7. and that I last saw here
7. Birth date of July 27, XXXX 1926	Immediais cause of death
8. AGE: Yeers Months Days If less than one day 21 1 19	Chronic nephritis 240.
9. Birthplace Barton, Allegany, Maryland (Town, county, and state) 10. Usual occupation	Due to
11. Industry or Business 22. Name Ceorge Moore	Other conditions anema
12. Name Ceorge Moore 13. Birthplaca Barton, MA.	Carron Ann Falls
Handler name Olive Ritchie 14. Maiden name Olive Ritchie 15. Birthplace Barton, Md. 16. Informant Wrs George Moore	(Include pregnancy within 3 months of death) Major fieldings of operations
16. Informant Urs George Moore	Autopsy results
	PHYSICIAN: Please ooderline the cause to which death should be charged statistically.
Address Barton, Md. 17. Burial Date thereof Sept 19, 1947 (Burlal, cremation, or removal, Which?) Cemetery or erematory I aurel Hill Cemetery Location Moscom, Md.	22. VIOLENCE: If death was due to external eauses, fill in the following: Accident, suicide, or homicide
Location F.11sworth S. Boal	Means of Injury Injured at work?
Address Westernport, Maryland	23. SIGNATURY homan Reeves M. n
19. Pote field by registers Registrar	address Westernport in & Date signed 9-18-47

SEP 20 1947
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MARYLAND STATE DEPARTMENT OF HEALTH (

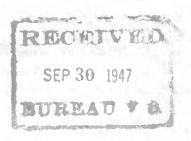
2411 N. Charles St., Baltimore

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/	CERTIFICATI	E OF DEATH	Reg. Diat. No.	4
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME	E) OF DECEASED:	
County allegany			Millian.	
(If outside city or town limits, write R	land.	State Manyland	County County	7
low long in above place of death?	17.	City or town(If outside city or town	limits, write RURAL and give near	est town)
dospital, institution, or street address where death occurred	. //	N- BIN-		
NO Browning	X/I		give LOCATION)	
How long in hospital or institution?		2.(a) It veteran, name war		
3. (a) FULL NAME	2 1		3. (b) Social Security N	lumber
Non	. 6. Nous	as entire	nove	
4. Sea 5. Color or race 6.(a) Singi	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
week white W	reford of	SILA	73 1947	
man imme	and the			
6.(b) Name of husband or wife	Nongherty	21. I CERTIFY that death occurred on the da		
	c) tf alive, give ageyears	april	19	1
7. Birth date of	1000	and that t last saw h	7/0	1
R AGF. Years Months Days	If lesy than one day	Immediate cause of death	0000	DUR
o. Aug.	The state of the s	Correction	us //wallary	
60 3 20	hrs. min.			
9. Birthplace Ours (Town county and	of Ind	Due to		
(Town, county, and	state)			
10. Usual occupation		Due to		
11. Industry or business		•••••	***************************************	
12. Name adam & Flu	Minster	Other conditions	***************************************	
12. Name Radam J Flus 13. Birthpiace	and.		nin 3 months of death) ←	
~ 1	Corrigani	(Include pregnancy with	nin 3 months of death)	07
14. Maiden name / Lane	0-11	Major fiedings of operations.	we heelant	ماده
E 15. Birthplace	ra.	Mariana	Date of op.	Be will
16. Informant	wife	Aotopsy resolts	to which doubt should be about 1	tatistics!
Address leumbo	sland			- CIPITE E
A .: 0	less re ist	22. VIOLENCE: tt death was due to extern	The state of the s	
(Burial, cremation, or remove). Which?)	(month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Al Letter	Canlo Cem	Where did injury occur?(City or to	own) (County)	(State)
Pero 1	Jerlan d	Injured at home, farm, industry, public pla		
Location	0	Means of Injury	injurged at work?	
18. Funeral director d 1200 Bellen	1 7/20	medice of titlery		
16. Puncial director.			N.	
Address	erland	A00 14	. Koznew	u
1	reland	23. SIGNATURE JOCA 14	. Kozuful M. D. o	CU4

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1. PLACE OF DEATH

3. (a) FULL NAME

Hospilal, Institution, or street address where death occurred:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Roby" Exline

Reg. Dist. No ... USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give, residence of mother) (If rural, give LOCATION) None 2.(g) it veteran, name war... 3. (b) Social Security Number None MEDICAL CERTIFICATION 14 1947 at 6:30 A. M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

16 MOIC			14-660	
6.(b) Hame of husband or w	ie Jo			
7. Birth dale of deceased (mo., day, yr.)	?	>) ff allve, give age	
8. AGE: Years 74	Months	Days >	If less than one day	mln
9. Birthplace. L. H.L. & 10. Usual occupation	ouse wif	€	egany, M	ory land
12. Hame	un kno	by		
14. Maiden name F. 15. Birthplace	lova 2 Umkno	eigler		
16. Informant Mr.S. Address 420 S	Marin outh St	e R	um bevlone	I, Md.
Burial cremation or				

UPdrs

	and that I just saw h	
	Immediate cause of death	DURATION
-	Due to Cardes read vascular Other conditions	3 wk
	Due to Sunalized affino-	10 yr:
	Due to Cardeo renal vascular	/
	11 [25]	17-45.
	Other conditions	9
	(Include pregnancy within 3 months of death)	

Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, fill in the tollowing

Accident, suicide, or homicide.....

Where did Injury occur? (City or town)

Injured at home, farm, Industry, public place (where?)

tnjured at work? Meens of Injury

PLAINI is especi [-] S

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D. Walter House Trees I was

PLACE OF DEATH:

City or town (If outside city or town limits, write RURAL and give nearest town

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

ltimore	94

07613 Reg. Dist. No.

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (H	IOME) OF DECEASED:
(For newborn infants give	e residence of mother)
State Mangland	county alleying
C 0	0.00
	or town limits, write RURAL and give nearest town)
Street No. 417 Pin	a Plue
	(If rural, give LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
	Houl
MEI	DICAL CERTIFICATION
See	14. 16 1947 19 94
20. DATE OF DEATH	
	on the date above stated; that I attended deceased from
0 -1	1947 10 Sept 16 194
and Ihal'l last saw halive	
Immediate cause of death	DURATIO
(otonari	y occlusion
Due to	
	Symmetry within 3 months of death)
Due to	- 15 (43
4	c mer
Diher conditions	5×am
Uther conditions	
AAA CANANG Dregns	oney within 3 months of death)
Major/Majors of operations	
	Date of op.
And the second second second	/
Antopsy results	he cause to which death should he charged statistically.
PHYSICIAN: Please underline ti	he cause to which death should he charged statistically.
PHYSICIAN: Please underline to 22. VIOLENCE: If death was due	he cause to which death should he charged statistically.
PHYSICIAN: Please anderline the 22. VIOLENCE: If death was due Accident, suicide, or homicide	to external causes, fill in the following; Date of
PHYSICIAN: Please anderline the 22. VIOLENCE: If death was due Accident, suicide, or homicide	he cause to which death should he charged statistically.
PHYSICIAN: Please maderline the second of th	to external causes, fill in the following; Bate of
PHYSICIAN: Please maderline the second of th	to external causes, fill in the following; Date of

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3. (a) FULL NAME	13e	hoor	· E.	ندو
4. Sex	5. Color or race	6.(a)Single.	married, widower	d, or divorced
Mule	white	W	lamoli.	
6.(b) Name of husband o	or wite Mulli	e Rea	لتي لين	les
********************************			It alive, give age	
7. Birth date of deceased (mo., day, yr) Septemb			
8. AGE: Years			If less than or	
65	11	25	hrs	
9. BirlhplacePo	In Paur (Town, e	ounty, and st	V injurie	N
10. Usual occupation	Merchin	r		
11. Industry or business	own			
12. Name	Villiam 9	مىلند		***************************************
13. Birthplace	mound	0 0		
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≥ 1 15. Birlhplace	0 1 0 10	andin	<u> </u>	
16. Intermant D	Boro Dile	2		
Address 4 17	Pina Pluce	Cum	brokens	mo
17. Que (Burial, cremation,	Pro Pluce or removal. Which?)	Date thereo	Letens	(day) (y
Cemetery or cremator	, Zion	Memor	w Pan	R
Location Cu	mbeland	ml.		
18. Funeral director	18 aires	in,	ne.	
Address Cw	bullerelm	m		
19 Chatevree d by reg	mlulm 8, 19 4)	· Wiss	teski	Fran

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DR. TOLSON

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

2411 N. Charles St., Baltimor

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			Reg. Dist. No.
1. PLACE OF DEATH: County ALLEGANY	2. 1	JSUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:
City or town. CUMBERLAND.	L and give nearest town)		UNITY ALLEGANY
low long in above place of death?	T-0	or town 42 COLUR (If outside city or town limi	BIA ST. s, write RURAL and give nearest town)
ow long in hospital or institution? 2 DAYS	guar		e LOCATION)
3. (a) FULL NAME			3. (b) Social Security Number
ODESSA GUNNETTE			yone
4. Sex 5. Color or race 8.(a) Singls, ma	rried, widowed, or divorced	MEDICAL C	ERTIFICATION
FEMAEE WHITE MA	ARRIED 20.1	ATE OF DEATH SEPT. 6,	47 19:51
6.(b) Name of husband or wife JAMES GUNNET	PTE 210	CERTIFY that death occurred on the date at	
7. Birth date of	- and	hat I last saw h Open alive on 9~	19 Sept. 6 19
deceased (mo., day, yr.) JULY 16, 1889	/Imm	diate Ause of death	O A-A: O DURA
8. AGE: Years Months Days 1	f less than one day	Change m	terrifica 5-1
PA (30-: 1 C	min.	Cystiliz	granty ye
9. Birthplace	Due	in the off	vender
10. Usuat occupation		200	Ment won w
11. Industry or business		merca	usepes
12. Name ISAAC LYKENS 13. Birthplace PA	Other	conditions (replinitie
¥ 13. Birthplace PA			
置 14. Maiden name ELIZABETH BOOKI	HAMMER	(Include pregnancy within 3	
14. Maiden name BLILL ABELTH BOOKI	Majo	A special of operations.	Date of op no office
16. Informant January		psy results are alem	
Address 422 Olimbia S	L'autrell		hich death should be charged statistically.
17. Burial, cremation, or removal, Which?)	Sept. 1,1441	/IOLENCE: If death was due to external ca ent, suicide, or homicide	
Cemetery or crematory allegany C	(Monent) (and) (3 cm;)	s did injury occur?(City or town)	
Location Frostonia		d at home, farm, industry, public place (
18. Funeral director	Lala Msar	s of Injury	loilired at 7rk?
Address, Curuber land	Aust	Manager 1	W. LAV is hill
	1 122	SIGNATURE	aroon 100

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YLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For-sewhorn injants give residence of mother)
County City or town T T T T T T T T T T T T T T T T T T T	State 27 d County allegany
City or town	City or town
Hospital, Institution, or Street address where death occurred:	Street No. D. Lo.) 1. J. J. Frathing, MX
muro Dospilal	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	Harden 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced.	MEDICAL CERTIFICATION
Fernsale White Anderved,	20. DATE OF DEATH September 23 19 47 21 7 H- M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give ageyears	and that I last saw h & F allve on Septembel 22 18 47.
7. Birth date of deceased (mo., day, yr.) Syax. 17th., 1882	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Chronic myocarditis 6 mos.
65 5 6hrsmin.	
9. Birthplace (Town, county and atast)	Que to Mal- sutition.
1D. Usual occupation Organica	Due to
11. Industry or business	
# 12. Name 12. Name	Other conditions
13. Birthplace Halman	(Include pregnancy within 3 months of death)
14. Maiden name 15. Birthplace	Major findings of operations.
2 15. Birthplace Agrina	Date of op.
16. Informant Of otest 6 Danden	Antopsy results
Address P.La. no 2 Fresthy g, md	22. VIOLENCE: if death was due to external causes, till in the following:
17. Burial, eremation, or removan, Which?) Bate thereof. (mooth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of January	Where did Injury occur?
Location Casharta mad	Injured at home, farm, industry, public place (where?)
() - F (9) Ed	Means of Injury Injured at work?
The state of the s	2/10. A: 11 m 1
Address Many Man Q/Pin	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) (Date rec'd by registrar)	Address Frostling Ind. Date signed 9/23/47

SEP 25 1947

2411 N. Charles St., Baltimore

CI	ERTIFICATE OF	F DEATH	Reg. Diat. No	<u></u>
County City or town (1f outside city of town limits, white RULA Mand grid ow long in above place of death?	12	(if outside city of town limits, to	other) Ollega Wisa write RURL and give near Occhanic	1
How long in hospital or institution?	2.(a) If	veteran, name war		
3. (a) FULL NAME Plains Kay	Harris		3. (b) Social Security N	
Jose No Whete Seedle, married, wide	owed, or divorced	MEDICAL CER	RTIFICATION	,
O. C. Marie of Headers of Articles and a second of the sec	21. I CE	RTIFY that death occurred on the date above	stated; that I attended decease	ed from
7. Sirth date of deceased (mo., day, yr.) fully 29 194 8. AGE: Years Months Days 11 less that	and that Immedia		-	0 URATIO 3 4
9. Birthpiace Trosting allegane (Towy county, and staff)	/,	3 Enteritio	Jection	nd
11. Industry or business 12. Name Storge Harris 13. Birthplace Eckhart M		onditions	ortho of death)	
14. Maiden name. Helew Tram 15. 8irthplace Dayton Ohio	/ Major fi	indiags of operations		
Address Dresthere T	PHYSIC 22. VIO	results CIAN: Please underline the cause to which DLENCE: If death was due to external cause t, suicide, or homicide	ch death should be charged st es, fill in the following;	
Cemetery or crematory of the three of the control o	Cemelery Where d	did Injury occur?(City or town) at home, farm, Industry, public piace (when	(County)	(State)
18. Funeral director	Means o	Mande To	Injured at work?	m
19. 9-16 1947 Mes . Xauly	, N. Roe 23. SIG	59 E. Main X.8	M. D. or	9916

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County ALLEGANY City or town CUMBERLAND (If ontside city or town limits, write RURAL and give nearest town)			***************************************	State MARYLAND County ALLEGANY		
				CHMBERT AND		
How long in above place	of death?	23 ye	ears	(If outside city or town lin	nits, write RURAL and give nea	rest town)
Hospital, Institution, or				Street No. 135 BEDFORD STREET (If rural, give LOCATION) 2.(a) 11 veteran, name war.		
How long to hospital or	institution?	3 nour	28			
3. (a) FULL NAMI	E R. LAWRE	NCE HA	RVEY		3. (b) Social Security	Number
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
MALE	WHITE		SEPARATED	20. DATE DE DEATH SEPT 17,		4 5:10Pm
	mito	waa o		21. I CERTIFY that death occurred on the date		
6.(6) Name of husband				21. I CENTIFY Inal death occurred on the date		
7 Birth date of	•••••••		c) If alive, give age			19
deceased (mo., day, y	1) March	25,	1918	Immediate cause of death		DURATION
8. AGE: Years	Mooths	Days	il less than one day	Immediate cause of death		DONATION
30 Z	9 5	22	hrsmln.	Skull fr	acture	*
9. Birthplace	2-60	Fnala	und.	Bue 1a		*
9. Birthplace	7 (Town	conney and	state)	Duc 10		••••••
10. Usual occupation			4	P. a. fa		•
11. Industry or business				DUC 19	***************************************	
篇 12 Name H	ARRY H.	HARVEY	7	Other conditions	***************************************	* *************************************
E .	Derby					***************************************
	71 1			(Include pregnancy within	8 months of death)	
14. Malden oame			2	Major findings of operations	Colores .	
₹ 15. Birthplace	Derby	Eng	land			
16. Intermant. ME	EMORIAL'	HOSPIT	CAL	Antopey results. S. Kull fra	alure	
Address CI	JMBERLAN	D. MAF	RYTAND	PHYSICIAN: Please underline the cause to	which death should be charged	statistically.
				22. VIOLENCE: If death was due to external		4 10.
(Burial, cremation,	or removal. Which	Date there	(nonth) (day) (year)	Accident, suicide, or homicide. Occus		d-17,194
Cemetery or cremato	Rese	Hill C	emetery	Where did injury occur? Cettle (City or town	aland, allo	g md
	1	1 1	md, 7	Injured at home, farm, industry, public place	(where?) Peeblie	elace
	NU			Means of Injury Fall down.	Steps Injured at work?	
18. Funeral director	110 11	KILK	ager .	O .		Edward .
Address Cu	whorks	41, 7	red.	23. SIGNATURE Demedict	Skelarelec	24.00
. Lahl	20 .4-	W.	R. Amuta M.D.	Da A	M. D.	opothor 7
(Data rec'd by rec	ristrary 197	/~	Registrar	Address (amberl	and My Bate signed	rept 20,1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legible. MARGIN RESERVED FOR BINDING

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FIRST CONTRACTOR OF A DISTRICT AND A SECOND ASSOCIATION AND A SECOND ASSOCIATION ASSOCIATI

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CHARLES O

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MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore
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CERTIFICATE OF DEATH

2411 N. Char	eles St., Baltimore
CERTIFICA	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County Allegany City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 519 Pine Ave.	state Maryland county Allegany City or town Cumberland
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Arlie Regenald Hedrick	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH Sept. 10. 19.47 at 8:20A
8.(b) Name of husband or wife	and that I last saw h
9. Birthplace Cumberland Md. (Town, county, and state) 10. Usual occupation Student 11. Industry or business 12. Name Lemeul P. Hedrick 13. Birthplace W. Va.	Oue to
t3. Birthplace W. Va. 14. Malden name. Josephine. Hymes. 15. Birthplace Penna.	(Include pregnancy within 3 months of death) Major findings of operations
16. Intermant Mr. Lemuel Hedrick Address 519 Pine Ave. Cumberland, Md. 17. Burial Bate thereot Sept. 13, 19 (Burial, cremation, or removal. Which?) Date thereot (month) (day) (year)	Antopsy results
Cemelery or crematory Greenmount Cem.	
Location Cumberland, Md.	
Address Cumberland, Md.	23. SIGNATURE Benedict Sketarelie M. D. or other
19. Date rec'd by registran 19 4) W. R. Nawy, M. D. Registran	Address Messarial Has p. Date signed 9/10/17



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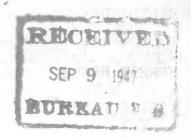
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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		CERTIFICA	TE OF DEATH	Reg. Diat. No.
How long In above place Hospital, institution, or	MBERLAND, outside eity or town lim e of death? r street address where de MEMORIAL or Institution?	Hospital	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State MARYLAND Comparison Cumberland (State MARYLAND Comparison C	mother) usty COUNTY us, write RURAL and give nearest town)
3. (a) FULL NAM EMM	E METT A HEN	RY		3. (b) Social Security Number
4. Set MAŁE	5. Color or race WHITE	6.(a)Single, married, widowed, or divorced SINGLE	MEDICAL C	ERTIFICATION 2
7. Birth date of deceased (mo., day.) 8. AGE: Years	yr.) 9/26/46	Days It less than one day	and that I last saw halive on	47.10 194 / 194 / 194 / 194 /
10. Usual occupation 11. Industry or busines		unty, and state)	Due to. Dither conditions	est.
14. Malden name.	ATITCE BAR		(Include pregnancy within 3:	Date of op
Address 17. Burial, eremation Cemetery or-cramate	Pr.	Date thereois pot. 4 (9 47) (penneth) Aday (year) Cennettery	Actopsy results. PHYSICIAN: Please underline the cause to will 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	hich death should be charged statistically. uses, till in the tollowing: Date of
18. Funeral director Address 19. Sebt (Days/rec'd by re	forming 2	Ruckman Lo, va W. R. Fanty, M. D.	23. SIGNATURE 23. Address Thereoff Carbo	Cosou by M. D. or other Man of



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

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eg.	Dist.	No.		7

I. PLACE OF DEATH: County Allegany City or town Cumberland Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 25 Years				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Alle City or town Climberland (If outside city or town limits, write RURAL		

Hospital, Institution, or	r street address where	death occurred	:	Street No. Clement St		
				2.(a) It veteran, name war	drai, give LOCATION)	
3. (a) FULL NAM					3. (b) Socia	
		elle H	illyard e, married, widowed, or divorced		Non	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDIC	AL CERTIFICAT	
Female	white	wido	wed	20. DATE OF DEATH Sept. 1		
6.(b) Name of husband	or wite	Roser	Hillyard	21. I CERTIFY that death occurred on th		
7. Birth date of	yr.) Feb. 20		e) If alive, give agey	and that I last saw h.C.Tall Gra-	d Sept. 1	
8. AGE: Year: 74	s Months	Days	tt less than one day	carcinoma of		
9. Birthplace		ter, Va county, and s House	tate)	Due to		
11. Industry or busines H 12. Name	James	H, Van	ce		***************************************	
14. Maiden name 15. Birthplace	Unk:	nown	- ;	(Include pregnancy Major findings of operations		
	Boyd V. H		and, Md.	Autopsy results		
17. Bur (Burial, cremation	rial n, or removal, Which	Date there	oot 9/4/47 (month) (day) (year) Semetery	Where did injury occur?(City	D	
Location	Win	chester	, Va.	Injured at home, farm, Industry, public	place (where?)	
1B. Funeral director	Will	iam H.	Kight	Means of Injury Deputy Medical	hixaminer -	
Address	Cumberla	nd, Md.		23. SIGNATUREH . V. Demir	OC W D L/ L	
Sept.	3 19 4	, Win	Tes R. Lautz, M. Regist		2 md	

	City or town	s, write RURAL and give nea	rest town)
	Street No. Clement St. (If rural, give		***************************************
	2.(a) It veteran, name war	***************************************	
		3. (b) Social Security 1	Number
		None	
ced	MEDICAL CI	ERTIFICATION	11 4 4
	20. DATE OF DEATH Sept. 1	194.7	at 7 . 55P M
	21. I CERTIFY that death occurred on the date abo		
years	and that I last saw h.e.raliDead		
mìn.	carcinoma of the	womb	about l vr.
	Oue to		
***************************************	Due to		
	Other conditions		
	(Include pregnancy within 3 r	nonths of death)	
	Major findings of operations		
****************	Autopsy results		
	22. VIOLENCE: It death was due to external cau		
(year)	Accident, suicide, or homicide		
	(City or town) Injured at home, farm, industry, public place (w		(State)
******************	Means of Injury	Injured at work?	
*************	Deputy Medical Exa		A -
Ju.D	23. SIGHATUREH. V. Deming M	D. H. V. A.	m.D.
Registrar	Address Cumbuland	Date signed	9-1/47

county Allegany



CERTI	FICATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long In hospital or institution?	2.(a) It veteran, name war.
3. (a) FULL NAME John Sterry	Nines 3.(b) Social Security Number 217-03-1607
4. Sex 5. Color of face 6.(a) Single, married, widowed, or five single	MEDICAL CERTIFICATION 20. DATE OF DEATH DEPLEMEN 26 1947, 212:15 Am
6.(6) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) Fau 17-1876	and that I last saw h
8. AGE: Years Months Days It less than ooe dayhrs	Immediate cause of death My Ocarottes 3 place-
9. Birthplace	Moderale artrio Delevous -
11. Industry or business 12. Name	Dither conditions asthma
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations.
18, informant Barry Hunch	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Burial, cremation, or removal. White 27 paorith (day)	22. VtOLENCE: If death was due to external causes, fill in the following: (year) Accident, suicide, or homicide
Cometery or Complete	Where did Injury occur?
18. Funeral director	mos William & moselm M. D.
19. Septa 18 19 49 Venning 14728	23. SIGNATURE M. D. St. other M. D. St. other Registrar Address M. Davage M.S. Date signed 226/1947.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The Car

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Churles St., Baltimore

1		CERTIFICAT	TE OF DEATH	Reg. Diat. No.
How long in above plan Hospital, institution Mt	Frost Coutside eity or town l	death Occurred:	City or town	mother) allegany
3. (a) FULL NAM		RT HOLT HITCHINS		3. (b) Social Security Number none
4. Sex Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	// / / /	ERTIFICATION 2 19.4.7 11 2 9 1
7. Birth date of deceased (mo., day 8. AGE: Yes 9. Birthplace	ostburg, Arch: Margare: Margare:	Days If less than one day 25 hrs. min. Allegany, Maryland county, and state)	21. I CERTIFY that death occurred on the date about 3 19. and that I last saw harm, alive on	DURATION SURVEY
Address	Peters	ourg, W. Va.	Autopsy results PHYSICIAN: Please underline the cause to wh 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	ses, fill in the following;
	Arlington	n, Va. Durst,	Injured at home, farm, Industry, public place (whe Means of Injury) 23. SIGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

	CERTIF	ICATE	OF	DEATH

/							
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County Allegany					State Maryland County Allegany		
City or town			RURAL and give nearest town)	"			
How long in above place of death? 14 years				City or town			
Hospital, institution, or st			ary	Street No. 361 Bedford			
				11	(If rural, give LOCATION)		
How long in hospital or in	nstitution?	DWEEK	3	2.(a) If veteran, name war			
3. (a) FULL NAME	W	ILLIAM	C. HIX		3. (b) Social Securi	ity Number	
4. Sex	5. Color or race	6.(a) Sing	e, married, widowed, or divorced	MEDICAL	CERTIFICATION		
Male	White	W	idower	20. DATE OF DEATHSeptember	c 5. 194'	7al9:30. A. n	
6.(b) Name of husband or	Н	attie M	iller Hix	21. I CERTIFY that deally occurred on the date	above slated; that I stended d	ceased from	
6.(0) Name of husband of	Wife		A 44 (1)	L. //. 1 X	19.47 , to Deport	. 5 1947	
7. Birth date of		6. (c) It alive, give ageye	and that I just saw h	2e,19 + 4	19 4 7	
deceased (mo., day, yr.)	J.	uly 7,	1854	Immediaje cause of death	1.0	DURATION	
8. AGE: Years	Months	Days	If less than one day	huyoendial to	acture	Zwes	
93	1 1	28	hrs	in.	0.1.		
9. Birthplace Bed	ford, Mi	ssouri	state)	Due to Chranic hay	searde fe 3	15 423	
40 Havel econociles	N	one		5- 0.4			
10. Usual occupation				Due to	***************************************		
1t. Industry or business	mown				***************************************		
12. Name	//		0	Other conditions		*****	
				(Include pregnancy within	n 3 months of death)		
目 14. Maiden name	Unk	nown	***************************************	Major findings of operations	Major findings of operations		
14. Maiden name		11					
	. Chatti	e De nn	ison	Actopsy resolts	Actorsy resolts		
			erland. Md.	PHYStCtAN: Please underline the cause to	which death should be chara	red statistically.	
				22. VIOLENCE: If death was due to external			
17. Buri	er removal. Which	Date the	reof Sept. 7, 1947 (month) (day) (year)	Accident, suicide, or homicide	Dale of		
Cemelery or crematory Bier Cemetery			p	Where did injury occur?(City or tow	vn) (County)	(State)	
location Rawlings, Maryland				injured at home, farm, industry, public place			
				Means of injury	injured at work?		
			ght	\sim	20 -		
Address	Cumberla	nd. Md.	1. 1	23 SIGNATURE Cle there 7	. Jauls p	P.	
19. Sept. 7 19 47 Writes L. Frants 9.			luter L. Frants.	M. D. or other			
/			1/				

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

	The state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For phorn infants give residence of mother)
county Littley any	
City or lown	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and five nearest (5 m)
Hospital, Institution, or street address where death occurred:	
my Sandon Md.	Street No
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3 (b) Social Security Number
Codna Commelia	Normschill
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
French While Widard	20. DATE DE DEATH OLIPlembre 30 19 47, 21 3:30 P
6.(b) Name of husband or wife Dassy Doenselyl	21. I CERTIFY that death occurred on the date above slated; that I altended deceased from
	1 lepting 25 1847 10 lept. 30 15 184
7. Birth date of	and that t last saw h? alive on Ceptuck 30 th 19 47
deceased (mo., day, yr.) - Syst - 1774, 1869	Immediate cause Pacath DURATION
8. AGE: Years Months Days It less than one day	Circhael Herroschage I week
78 0 13m	in.
a Birthologo Ducatlai e a Da Va	Due to Beller Hyporlansin & Swand
9, Birthplace	artino Selevis. years
10. Usual occupation Dane	
	Due 10
11. Industry or business	
12. Name	Other conditions
13. Birthplace (Menodoole) Ja.	(Include pregnancy within 3 months of death)
14. Maiden name Colony of Translation	8
15. Birthplace Madding War	Major findings of operations.
21 13. Birimpiace	- Oate of op.
16. Informant	Actopsy resolts
Address 505. Trenay line Countr	3
17 Bureal Date Mercot 10 - 4-194	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Metherdas Sense	Where did injury occur?
location met Santage made	Injured at home. farm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director	1
Address Frestling, hyd	- 23. SIGNATURE William Z. Mosely MD
19 Cal 2 - 18 47 Virginia M Wormed Registrar)	rar Address MT Lavage Jud. Date signed 9-1-4.



CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Per newborn infants give residence of mother)
ounty	State Maryland County alleaners
(I) outside city or town limits, write RAL and give nearest town)	19 so a aminda
low long in above place of death?	City or town (14 seriside city or town limits, write RUE-AL and give scarest town)
Hospital, Institution, or street address where death occurred:	Street No.
That he was the shall	(If rural, giva LOCATION)
low long in hospital or institution?	2.(a) If veteran, name war.
S. (a) FULL NAME Proposition Coutter Suckersh	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION
Pemale Shite Hidowed	20. DATE OF DEATH Sept 17 1947 21
CAN Name of Support of will a later a lange Rook	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
5.(b) Name of husband or wife	Sept 17 1947, 10 Sept 17 1947
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.) Sefit 1/1/833	Immediate cause of death
B. AGE: Years Months Day's If less than one day	arterioscleratic cardio-
94 0 6hrs.	nin. Nascular disesse
Birtholace Lon arining Migami & and	Due to
9. Birthplace (Town, county, and reate)	
10. Usual occupation FT USF, DATE W	Due fo
11. Industry or business and house	
12. Name It garry Centler	Other conditions
13. Birthplace Germany	- (XV)
~ 1 h	(Include pregnancy within 3 months of death)
14. Malden name Helessal Helianes 15. Birthplace Unknown	Major findings of operations.
15. Birthplace, UNKNOW	Date of op.
16. Interment Product and Attacks The all	Autopsy results.
Address Pos aponina. And	PHYSICIAN: Please underline the cause to which death should be charged statistically.
p 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to extendal causes, fill in the following:
(Burial, cremation, or removal. Which?) Outs thereof (znonth) (day) (year)	Accident, suicide, or homicide Date of
Cemetery or crematory Old Carrely Talesmethy	Where did injury occur?
Location I M. A.	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Linaconing Mid	Budiet States in F
0. Fig 10 (4. ma d 1	23. SIGNATUR 2001 200 M. D. or other
19. Sept 9 19 19 Janually Francistrary Registrary	Man Hosp, Cumberland Modern 9/17/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Treconfect age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	(For newborn infants give residence of mother) State Md. County Allegany		
Cily or town (17 outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	Cily or town. Cumberland (If outside city or town limits, write RURAL and give n	eareat town)	
Hospital, institution, or street address where death occurred:	Street No. 741 Maryland Ave.		
741 Maryland Ave.	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security	Number	
Miss Regina M. Jones Jean	Jones) 213.12	9876	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
female White single	2D. DATE DF DEATH Sept. 7 19.4.7	ar11.10Am	
	21. I CERTIFY that death occurred on the date above stated; that I attended day		
6.(b) Name of husband or wife		19	
7. Birth date of	and that I last saw heraileedSept7	194.77.6	
deceased (mo., day, yr.) UN. 1 1920	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Coronary occlusion of the	gradual	
27 5 —hrsmin.	left coronary artery	about 6	
9. Birthplace Prediment Town, county, and state)	Due to		
1D. Usual occupation Office worker	Due 10	****	
11. Industry or business /E 3 Jule Co.			
12. Name + ranke B Jones 13. Birthplace Preverg 91. Va.	Diher conditions		
El 13. Birthplace revover 97. Va.	(Include pregnancy within 3 months of death)		
14. Maiden name attririne wormelly	Major findings of operations		
Property of the second	Autopsy results as above		
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Oumhiland	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or remogni, Which?) Date thereof Sufficient (day) (year)	Accident, suicide, or homicide		
Cometery or crematory of Patricks Cem.	Whera did injury occur?	(State)	
Cemetery or crematory		,	
Location	Injured at home, farm, Industry, public place (where?)		
18. Funeral director dynio Stein, 2 nc.	Means of injury Injured at work? Leaputy Medical Examiner - Allegany Co.		
Addressy Comberland and.	23. SIGNATURE H.W. Deming M.D. H. C.		
Sell 9 "42 (J.R. Franto M.D)	A. M. D	. 01	
19 (Date/rec'd by registrar) 19 4 7 C. K. Oralli Ry Registrar	Address ambuland Ind Date signed	Sept. 7/47	

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WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAME	3. (b) Social Security Number		
Emanuel Keefer	None		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White married	20. DATE OF DEATH. Sept. 23 19.47 215.45		
6.(b) Name of husband or wife. Ida Snyder Keefer	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from		
62	19		
7. Birth date of deceased (mo. day, yr.) June 20, 1871	and that I last saw h.imaiD and d. Sept. 23		
	Immediate cause of death OURATI		
o. Auc.	Coronary occlusion at		
76 3 3mi			
9. Birtholace Pearre, Allegany, Maryland (Town, county, and state) Farmer	Due to.		
10. Usual occupation			
11. Industry or business			
Penne.	Dther conditions		
조 13. Birthplace Hannah Potts	(Include pregnancy within 3 months of death)		
14. Maiden name Hannah Potts Stringland Maryland	Major findings of operations		
Mrs. Ida Keefer			
Greene Ridge Station, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Burial Date thereof. Sept. 27,194 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Little Orleans, Md.	Injured at home, farm, Industry, public place (where?)		
LUCSITUTI	Means of Injury Injured at work?		
18. Funeral director H. Wayne George Address Cumberland, Md.	Deputy Medical Examiner - Allegany		
Address	23. SIGNATUREH . V. Deming M. D. H.V. Deming M. D. or other		
19. Sept 26 19.47 Mus P.a. Shanhell (Date rec'd by registrar)	Address Carolland M. D. or fiber Date signed		



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

. CERTIFICAT	LE OF DEATH	Reg. Dist. No.
County (If outside city or town limits, write RURAL and give nearest town) How iong in above place of death? Hospital, institution, or sireet address where death occurred: 240 How long in hospital or institution?	City or town	County Co
3. (a) FULL NAME Katherine Kersch	(m)	3. (b) Social Security Number
4. Sex Sex Sex Sex Sex Sex Sex Sex		, , ,
8. AGE: Years Months Days It less than one day 9. Birthplace (Town, county, angistate)	and that I last saw h	, W/M1/4/'
11. Indusiry or business 12. Name Joseph Schwendsser 13. Birthplace Surmany 14. Maiden name Hannah 15. Birthplace	Diher conditions	
Address // 4 Park of Completional 11. Brish Completion Date thereof State (month) (day) (year) Cemetery or crematory. State of Parks Completions.	Autopsy results PHYSICIAN: Please underline: the cause to 22. VIOLENCE: If death was due to external Accident, suicide, or homicide Where did injury occur? (City or town	which death should he charged statistically causes, till in the following:
18. Funeral director Asserts Stein Sand Address 19. Slight 2 9 19 4 7 Los Assets Mark (Date rec'd by registrar) Registrar	Injured at home tarm, Industry public place Meane of Injury 23. SIGNACINE	

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MARYLAND STATE DEPARTMENT OF HEALTH

Outside	MARYLAND STATE D	EPARTMENT OF HEALTH 07629
City a in	2411 N. Char	les St., Baltimore
rect	CERTIFICA	TE OF DEATH Reg. Dist. No
W 5 .	1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
The	County La Vale. Rt. #1 Cumberland A	(For newborn infants give residence of mother) Allegany La Vale.
Ily.	(If outside city or town limits, write RURAL and give nearest town)	City or town La Vale, Russal
eful y an	How long in above place of death? Nospital, institution, or street address where death occurred: La vale, Md K. J. #/	City or town (If outside city or town limits, write RURAL and give nearest town) Rt. # 1 Cumberland, Md.
on carefully. The co		(If rural, give LOCATION)
tion h cl	How long in hospital or institution?	2.(a) If veleran, name war.
information of death clea	3.(a) FULL NAME GEORGE KREITZBURG	3. (b) Social Security Number 214-07-5142
ind s of	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
INC n of uses	Male White Married	20. DATE OF DEATH Sept. 18, 19 47 at 1:15P.M
BINDING ry item of i	8.(b) Name of husband or wife Bertha Mickey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Leven for 3 19 46 to Level 18 19 47.
e e	7. Birth date of deceased (mo., day, yr.) Oct. 19, 1897	and that I last saw h. alive on Leplembe (8 19 4)
	8. AGE: Years Months Days If less than one day 49 10 29 hrs. min.	Immediate cause of death Duration Least farhur 1/2 glar
P4 . 7	Eckhart, Allegany, Maryland	Oue to chrome supremed is 1/2 years
RGIN RESE ADING INK Physicians: 1	9. Birthplace (Town, county, and state) 10. Usual occupation Machinist Foreman	
	Gelanese Corp. of America	Due to
L</td <td>12. Hame Geo. H. Kreitzburg 13. Birthplace Maryland</td> <td>Other conditions</td>	12. Hame Geo. H. Kreitzburg 13. Birthplace Maryland	Other conditions
tant tant	置 14. Malden name. Annie Griffith	(Include pregnancy within 3 months of death)
M. M	14. Maiden name. Maryland	Major findings of operations.
. >	16. Informant Mrs. Bertha Kreitzburg	Autopsy results.
CAINLY, especially	Address La Vale, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY s especiall	Burial (Burial, cremstion, or removal, Which?) Burial (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
o prod	Cemetery or crematory. (Burtal, cremstion, or removal, Which?) (Honth) (day) (year)	Where did injury occur? (City or town) (County) (State)
WRITE	Cumberland, Md.	Injured at home, farm, Industry, public place (where?)
	18. Funeral director H. Wayne George	Means of Injury Injured at work?
A15	Address? Cumberland, Md.	23. SIGNATURE (Phray M. D. or other
VS	19. Slept 2 2, 19 4 7 ll. R. Trasuty, M. D. Registrar	23. SIGNATURE M. D. or other Address Date signed 9 7 12.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

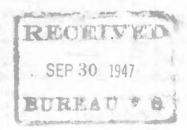
CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
County			State County 7 / 2 g.a.s. y City or town County or town limits, write EURAL and give nearest town)		
Hospilal, Institution, or street as	Haspi	ta /	Street No. The / (If rural, give LOCATION)		
How long in hospital or institution	n? 2 -	day s	2.(a) If veteran, name war		
3. (a) FULL NAME	Bonita	Suson Lanka	-d	3. (b) Social Security Number	
11 001		gle, married, widowed, or divorced	MEDICAL	CERTIFICATION	
F	W 5	ingle	20 DATE OF DEATH SERY. Z	5, 1947 11.00	
m military and		(c) If alive, give ageyea	21. I SENTIFY that death occurred on the date of the d	above stated: that lattended becaused from	
	onths Days 4 22	If less than one day	Immediate cause of death NULLUM PULA,	Fronchial / We	
9. Birthplace Chara ber and Filegary, Md. (Town, founty, and sage) 7			Due to		
11. Industry or business	1 = /	lened	hardial hadrestin	4 8/ Ch1	
12. Name Dari 13. Birthplace Alex	andrio,	A. Pa.	Other conditions of the state o		
14. Maiden name	lorence	Daridson	Major findings of operations		
15. Birthplace 3				Date of op	
16. Informant. Dowid		4	Autopsy results	which death should be charged statistically.	
Address TP4. 1,	1		22. VtOLENCE: If death was due to external		
17. Burial, cremation, or removal. Which?) Cemetery or crematory. Bedford Cemetery December 1. Date thereof September 27, 9447. (month) (day) (year) Location					
				Where did injury occur?	
			Injured at home, farm, Industry, public place	(where?)	
18. Funeral director	hy J. He	fee	Meens of injury	2 AO	
Address Carles	uland, "	nede	23. SIGNATURE ALL ALL	eff fring	
(Date rec'd by registrar)	19	Registr	ar Address La Vally	Wod Date signed 9/26	

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ADING INK. Supply every item of information carefully, Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

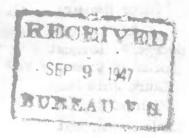
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CERTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Odie Arthur Largent	212-12-8073
4. Set 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Divorced	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. to 10.
16. Informant Clyde E. Largent Address Cumberland, Md.	Antopsy results
17. Burial Date thereof Sept. 5, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory. German Beneficial Location Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral directorJohn J. Hafer Address Cumberland, Md. 19. Left 5 19. 47 Winter R. Frants (Daty the d by registral)	Means of injury Deputy Medical Examiner - Allegany Co 23. SIGNATURE H. V. Deming M. D. M. D. or over Address Carelland Made Standard 2-3/47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COUNTY ALLEGANY	Slate MARYLAND County ALLINARY Sarrel
City or town	earest town) JEWNINGS MD
Hospital, Institution, or street address whore death occurred:	Street No. JENNINGS MD
MEMORIAL HOSPITAL	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME wineland	3. (b) Social Security Number
MARX LAYMAN	Tone
4. Sex 5. Color or race 6.(a) Single, married, widowed,	or divorced MEDICAL CERTIFICATION
MALE WHITE MARRIED	2D. DATE OF DEATH SEPT 29 19.47 et 1:50 Pm
6.(6) Name of husband or wifeROS.IECIDININGHAM	21. I CERTIFY that death occurred on the dale above staled; that I attended deceased from
	64 years 19 19 7 19 19 19 19 19 19 19 19 19 19 19 19 19
7. Sirth date of deceased (mo., day, yr.) Page 28, 1973	and that I last saw h
8. AGE: Years Months Days If less than one	day
73 Des 9 951hrs.	min.
Milting Man II Do sit	
9. Birthplace (15 Town, county, and state)	Due to Due to
10. Usual occupation RETIRED Farmer	
	Due to
1t. Industry or business 12. Name LA YNAN, ANTHONY	Aug. Aug.
12. Name LAYMAN ANTHONY 13. Sirthplace MARYLAND	
	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations
2 15. Sirthplace MARYLAND	Date of op.
18 Informant Memorial Nasp.	Autopsy results
1 1 0 m	PHYSICIAN: Please underline the cause in which death should be charged statistically.
Address Manhestand 100	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof (month)	(day) (year) Accident, suicide, or homicide
Cemetery or crematory My Butter graphills	Where did injury occur? (City or town) (County) (State)
Location M. Rion, Brans	terrile / Injured at home, farm, industry, public place (where?)
21.1.	Means of Injury Jajured at work?
Address A his Invila Market	Luis Melle Man
Dek 1 42 WA Hari	to M. D. or other
(Date ree'd by registrar)	Registrar Address Law Date signed Date signed

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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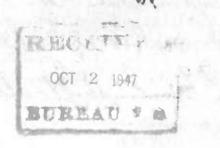
CERTIFICATE OF DEATH

Reg. Dist. No.

A CONTRACTOR OF THE PARTY OF TH	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County ALLEGANY	State MARYIAND CountyALLEGANY
City or townCLIMBERLA AD. (If outside city or town limits, write RURAL and give nearest town)	CIEADEDI AND
How long in above place of death? 3 days	City or town. COMDENT. AND (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 1809 REDEORD ST
MÊMORIAL HOSPITAL	Street NoL809. BEDFORD ST. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JOHN LESTER	705-05-1774
4. Sex 5. Color or race B.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE MSRRIED	As 10 h. 7 . 47 . 5P
	20. DATE OF DEATH TENTED TO 19 4 7 19 4 7 11 5 P.
6.(b) Namo of husband or wifeELIZABETHBEATTY	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	DE 1947 19 13 18 7 1947
7. Birth date of deceased (mo., day, yr.) A PRTI. 2. 1878	
8. AGE: Years Months Days If tess than one day	Immediate cause of death. DURATION Accepts your occardial Failure
69 5 5hrsmin.	
9. Birthplace	Due to
12. Name	Other conditions Control Contr
14. Malden nameELIZABETH ITNER	
14. Malden name. ELIZABETH ITNER 15. Birthplace MARYLAND	Major findings of operations Magatine was summan &11/47 a
18 totormant Mas. Elizabeth Lester	Date of op.
	Antopsy results
Address 1809 Bedford St. Cecuborland Mc	
17 Burial Bate thereof Lent. 10, 1944	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or compatory Itell Crest Bursal Park	Where did injury occur?
Location Cumberland, Md n	Injured at home, tarm, industry, public place (where?)
111.00 - H 1/1.+	Means of injury tnjured af work?
18. Funeral disector Williams Sugar	# 0
Address Cleer berland, Md.	Manuel Jacobson hed
Solt 10 42 Write R. Trouto M.	23. SIGNATURE. M. D.
(Date rec'd by registrar)	Address 50 Varafile of Date signed 8 47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICA	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
3. (a) FULL NAME Mary & Laird	2. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced There are White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. 9 7 A
8. AGE: Years Months Days If less than one day 9. Birthplace (Toyn, county, and stage)	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
11. Industry or business 12. Name 13. Birthplace 13. Birthplace 15. Sandard	Due fo
14. Maiden name Amie They	(Include pregnancy within 8 months of death) Major fiedings of operations
Address Lanconing, and	Autopsy results
17 Burial (Burial, cremation, or removal. Which?) Cemetery or cremator Dufa T+ U Carretury	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Location Lanconing, and 18. Funeral director M. Eichhor	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19. 9/ I Jountle M Sol (Dato fee'd by registrar)	23. SIGNATURE CLUB COM. D. orojnek Address J. Date signed J. S. J.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Allegany
City or town
Street No. River Road (If rural, give LOCATION)
2.(a) If veteran, name war

MEDICAL CERTIFICATION

(a)	FULL	NAME			
			-	AOT	OTT

How long in above place of death?.... Hospilal, Institution, or street address where death occurred: River Road

Allegany

Westernport (If outside city or town limits, write RURAL and give nearest town)

1. PLACE OF DEATH:

How long in hospital or institution?..

(Date rec'd by registrar)

3. (b) Social Security Number

DURATION

			JUSEPH THUMAS MASO	ΓΛ				
4. S	ex	5. Color or race	8.(a)Single, married, widowed, or divorced					
N	Tale	White	Married					
6.(b) Name of husband or wife Jeretha Alice Mason								
7. B	lirth date of eceased (mo., day,)	r.) Feb	ruary 18, 1874	ars				
8.	AGE: Yeere		Days If less than one day					
	73	7	5	in.				
9. Birthplace Winchester, Frederick, Virginia (Town, county, and state) Retired								
1D.	Veual occupetion							
11. Industry or business W. Va. Pulp and Paper Co.								
E 12. Name J. Martin Mason								
FATHER	13. Birthplace	Winches	ster, Virginia					
1ER								
14. Malden name Marie K. Sirbaugh 15. Birthplace Winchester, Va.								
16. Informant								
	Address	Westernp	port, Md.					
17.	(Durviel averagion	or removel Which?)	Date thereof Sept. 26,194 (month) (day) (year) (month) (day) (year)	7				
	location	Wester	nport, Md.					
			th S. Beal					
	Address	Weste	ernport, Md.					
	0		At	4				

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2B. DATE OF DEATH September 23	, 47	3:30
	ded deces	need from
and that I last saw hours alive on		19 🕬
Immediate cause of death		DURATIE
Daranoma & Stomach		6 74
Due to.		••••••
Due to		
Ditte condition of the transfer		4 me
(Include pregnancy within 3 months of death)		
Major findings of operations		

Antopsy results						
PHYSICIAN: Please					charged	statisticaBy

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.....

Where did Injury occur? (City or town) (County) (State)

tnjured at work

Injured at home, farm, Industry, public place (where?) ...

Meane of Injury

Registrar

23. SIGNATURE



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No ...

CERTIFICATE OF DEATH

1. FLACE Of Praining	(For newborn infants give residence of mother)				
Cumberland, Maryland	State W. Va. County Mineral				
City or town (If outside city or town limits, write RURAL and give nearest town)	Out of the state o				
How long in above place of death? 2 days	(If outside city or town limits, write RURAL and give nearest town)				
Hospital, institution, or street address where death occurred:					
Allegany Hospital	Street No				
How long in hospital or institution? 2 days	2.(a) If yeteran, name war				
3. (a) FULL NAME					
	3. (b) Social Security Number				
Victor Emanuel Mastrodomenico	215-20-6617				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION				
Male W. Single	20. DATE OF DEATH September 19 4 7 at M				
	21. DERTIFY that death occurred on the date above stated; that I attended deceased from				
6.(b) Name of husband or wife	dest 16 1947, 10 Sept 16 1947				
7. Birth date of	and that I last saw halive on				
deceased (mo., day, yr.) May 5, 1926					
8. AGE: Years Months Days tf tess than one day	Immediate cause of death OURATION				
21 4 17hrsmin.					
	and the state of t				
9. Birthplace. McCoole, Maryland (Town, county, and state)	Due to.				
10. Usual occupation Twisting Block #1					
	Due to.				
11. Industry or business Celanese Plant	A GARAGE				
# 12. Hame Antonio Mastradonenico	Other conditions				
Z 13. Birthptace Italy	1 such				
E Pauline Scarpone	Mindude pregnancy within 8 months of death)				
E 14. maigen name	Majo findings of operations.				
15. Birthplace Italy	Date of op.				
16. Informant Antonio Mastrodomenico	Antopsy results.				
	PHYStCIAN: Please underline the cause to which death should be charged statistically.				
Address R.F.D. #3, Keyser W. Na.	22. VIOLENCE: If death was due to external causes, fill in the following;				
(Bnrial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide.				
Cemetery or crematory Annual	Where did injury occur? Combet Land alleg Md. (City or town) (Coupty) (State)				
Location Keyser, W. Va.	Injured at home, farm, Industry, public place (where?)				
18. Funeral director. M. L. ROBLIA	Means of Injury Such Short Injury d at work?				
Address Kluses / (d). la.	22 SIGNATURE BONE dict Statarelie M.D.				
Sept 11 42 11 R fronto MA	23. SIGNATURED. M. D. or other				
(Date right d by registrar)	Address Mem Hosp. Cumberland 4/16/47				

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No.

DR. GRACIE

	CEPTIFICATE	OF	DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
COUNTY ALLEGANY MARYLAND	State MARYLAND County ALLEGANY				
Clty or town					
How long in above place of death?	City or town MIDI AND (If outside city or town limits, write RURAL and give nearest town)				
Alshandy Harman	Strael No. PARADISE ST. (If rural, give LOCATION)				
How long in hospital or instilution? I Publ Days	2.(a) If veteran, name war				
3. (a) FULL NAME be	3. (b) Social Security Number				
MARYAMCGOWAN	Mul				
4. Sex / 5. Color or raca 8.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION				
FE MALE WHITE MARRIED	20. DATE OF DEATH REPT. 24 47 al:45 PM				
6.(b) Nama of husband or wifaKENKXJOSEPHMcGOWAN	21. I CERTIFY that death occurred on the date above stated; that I attended depressed from				
0,(0), as cylic bi (n) 2	19 4 10 24 18 4				
7. Birth date of	and that t last saw h alive on 19				
deceased (mo., day, yr.) 8. AGE: Years Months Days If lass than one day	Immediate cause of death DURATION				
66 3 6 min.					
MASCOW MARVIAND allea County	Due to Malignoney large Gat?				
9. Birthplace (Town, county, and state)					
10. Usual occupation.	Due to				
11. Industry or business Our Thorne					
12. PlameJAMESMcCABE	Other conditions				
	(Include pregnancy within 8 months of death)				
14. Malden name BRIDGETT HOGAN 15. Birthplace IRELAND	Majar findings of operations				
2 15. Birthplace IRELAND					
18. Informant Mrs. Florence Mc oskisland.	Antopsy results				
Address Doylestourn Ohao,	22. VIOLENCE: If death was due to external causes, fill in the following;				
17 Burlal, cremation, or remoyal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide				
Cametery or crematory. At Michael Clause	(only of town)				
Location	Injured at home, farm, industry, public place (whera?)				
18. Funeral director 201. Guellion	Means of injury injured at work?				
Address Lanacy my	23. SIGNATURE TO GO. TOBELL				
1 So ht 26 1047 (1) R. tranto m.D.	M. D. or other				
(Date rec'd by registrar)	Address Contact Date signed 74126				





WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

Reg. Dist. No.

1. PLACE OF D		Y37		2. USUAL RESIDENCE (HOME) 0	F DECEASED:				
County			MA AA	Stale Maryland Cou					
Cily or towa(1f	outside city or town li	mits, write R	NAXX RURAL and give nearest town)	Westernoor	†.	***************************************			
How long in above place	ce of death? 48	years	}	(If outside city or town limits	(If outside city or town limits, write KURAL and give nearest town)				
Monnilal, Institution, o	or street address where	death occurred	d:	Street No. 231 marylan	d Avenue				
251	Maryland	Aven	lue	(If rural, give	LOCATION)				
How long in hospital	or Institution?		***************************************	2.(a) If veteran, name war					
3. (a) FULL NAM	AE .				3. (b) Social Security I				
		DAVID	FRANKLIN MeIN	TOSH	236-03-	3986			
4. Sex	5. Color or race		n, married, widowed, or divorced		ERTIFICATION				
Male	White	71.1	arried	20. DATE OF DEATH September	12 19.47	at 9:30 pm			
	d er wifn Less	ie Bu	ckalew	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended slecea	sed from			
Mc Intos	1-		E D	August 25 10	47 10 SEPT. 1	7 194/			
7. Birth dale of			c) If allve, give ageyear	and that I last saw h.f. M. alive on	ey+ 12	19.47			
deceased (mo., day			1884	Immediate cause of death		DURATION			
8. AGE: Yes		Days	If less than one day	Starvation	***************************************	3 Weeks			
63		1	hrs min	•		***************************************			
9. Birthplace Hed	gesville,	Mine	eral, W. Va.	Due to Sonility wit	h reformed				
e. Billiblee	- 4	eounty, and	atate)	to somile Deme	entia	6 Months			
tD. Usual occupation	Miner		***************************************	Due to					
11. Industry or busine	. Coal N				•••••				
当 12. Name	eorge Mc. West V	Intosh	1	Dther conditions					
13. Birthplacs	West \	Tirgir	nia						
E	Marg S	S. Coe	k	(Include pregnancy within 3 i					
14. Maiden name 15. Birthplace	11100+ 1	Timmir	n 1 €1	Major findings of operations					
El 15. Birthplace	West	TIBIL	11.0		Date of op				
16. Intermant	essie	DUCK	ALEW MEINTOS	Aotopsy results	hish doubt should be should be	tatistically			
Address 231	Md Ave	, We	ESTERN DORT						
Puris				22. VIOLENCE: If death was due to external cau					
(121-1	Which?) Date ther	reof Sept 15, 194 (month) (day) (year)						
Cemetery or crema	tory Phil	os Cen	netery	Where did injury occur?(City or town)	(County)	(State)			
Location	Western	port,	Maryland	Injured at home, farm, Industry, public place (w	here?)				
LOCATION	Ellsw	orth S	S. Boal	Mnans of Injury	Injured at work?				
18. Funeral director.			t Manual and	0 10	11/1	2			
Address	weste:	raport	t, Maryland	23. SIGNATURE Caulott	Wilson M	D.			
lesso	5 ,47	- Work	ymbakar Mi Registra	Address Pedmint	111/2 M. D. o	r other			
(Date rec'd by	registrar)	-	Registra	Address Fleducke	U. V.3 Date signed 2	Sept. 17, 124			

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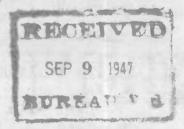
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MARYLAND STATE DEPARTMENT OF HEALTH

4800 2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH . Reg. Dist. No.
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town. Cumberland, (If outside city or town limits, write RURAL and give nearest town) 218 Paca St., (If rural, give LOCATION) 2.(a) It veteran, name war.
3.(a) FULL NAME MARY ELIZABETH MEEK	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Married	MEDICAL CERTIFICATION
8. (b) Name of husband or wife. Gibson A. Meek 6. (c) It alive, give age 55 years 7. Birth date of deceased (mo., day, yr.) Mar. 23, 1895 8. AGE: Years Months Days It less than one day	20. DATE DF DEATH. Sept. 1. 19.47. at 7:20A m 21. I CERTIFY that death occurred on the date above stated; that lettended deceased from 19.47. at
52 5 7	Due to Other conditions.
14. Maiden name Rachael Hite 15. Sirthplace Maryland 16. Informant Mr. Gibson A. Meek Address 218 Paca St., Cumberland, Md.	(Include pregnancy within 3 months of death) Major findings of operations
17 Burial Date thereot. Sept. 4, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory. S. S. Peter & Paul Location. Cumberland, Md.	22. VIOLENCE: If death was due to external causes, till in the toliowing; Accident, suicide, or homicide
18. Funeral director H. Wayne George Address Cumberland, Md. 19. (Date fee'd by registrar) 19. (Date fee'd by registrar)	23. SIGNATURE B. M. Shudler M.D. M. Dorother Address I must be signed for Type 7.4.7.4.7.4.7.4.7.4.7.4.7.4.7.4.7.4.7.4



ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legib

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF	DECEASED:
County		
city or town highway 55 about 1/4 mile from	l .	Allegany
Clarysville citinn 2 in Test Count 1/4 mile from Clarysville citinn 2 in Test Clarysville citinn 2 in Test Count C	City or town Narrows Park (If outside city or town limits,	Sumberland Md.
Hospital, Institution, or street address where death occurred:		write RUKAL and give nearest town)
nospital, institution, or street audiess where death occurred.	Street NoRoute 40	
	(lf rural, give l	
How long in hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
David Gene Miller		1
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
male white single	20. DATE OF DEATH Sept. 28	19.47 at 12.50
Congrait Chill	21. I CERTIFY that death occurred on the date abov	
6.(b) Name of husband or wife.		
6.(c) If alive, give ageyears		
7. Birth date of deceased (mo., day, yr.) Ofic 13, 1940	and that I fast saw h.imaiDeadSe	
8. AGE: Years Months Days If less than one day	Immediate cause of death	
O. AUL.	Fracture 2nd cervi	
6 7 10 min.	fracture of occipi	ital bone at
9. Birthplace I sumber and Illegany es the	*** buncture wound.	e severe once
(Town, county, and state)	concussion of brai	.n
10. Usual occupation of 2000	Tue to Fell out of auto	omobile
11. Industry or business /	and landed on head	
	YEARAS MR STARAST MAN	
12. Name It floam Villes.	Other conditions	
13. Birthplace Long oning 414.	(Include pregnancy within 3 m	onths of death)
14. Maiden name Aslend Italines		
6 N and Chad	Major findings of operations	
El 15. Birthplace anaconing the		Date of op
16, Informant Shuss Betty Synully	Aulopsy results	
Address Drass 1512 Thisk Cumberlan	PHYSICIAN: Please underline the cause to whi	ch death should be charged statistically.
a the miles	22. VIOLENCE: If death was due to external caus	
(Burial, cremation, or removal, Which?) Date thereof	Aciden 556- 2 homele - AS Cide where dinose burg (city or town)	ent Date of 9.23-47
a. b. Jol Of Constant	Where Whiosothurs Id.	Allegany Md.
Cemetery or crematory Caro, Services	(City or town)	(County) (State)
Location La Maria Carpet Carpe	Injured at home, farm, industry, public, place (wh	LI OUT OF
In. Girkham	diplured at home, farm, industry, public, place (was door opened and fed Means of Injury automobile	Injured at work? no
18. Funeral director	Deputy Medical Exam	iner - Allegany Co
Address Lonaconing, And	or stoneyone H.V. Deming N	I.D. H. V. Denny MA
0-2 US You Vous W Da	ZJ. SIGNALDRE AAA.Y.	M. D. or other
(Date rec'd by registrar)	Address Combuland	M Date signed 9. /2. 9 / 4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Dist	No		4	

CERTIFICATE OF DEATH

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Reg.	Diat.	No	·		4	

How long in above pl Hospital Institution	EGANY MBERLAND If outside city or town ace of dealh? AL HOSPITAL	imits, write RURAL and give nearest town) death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYLAND County ALLEGANY LONA CONING City or town (if outside city or town limits, write RURAL and give nearest town) Street No. (if rural, give LOCATION)
3. (a) FULL NA			2.(a) If veteran, nome war
			3. (b) Social Security Number
MR.	SAMPSON M	6.(a) Single, married, widowed, or divorced	1220-10-230
MALE	WHITE	WIDOWED	MEDICAL CERTIFICATION SEPTEMBER 19,1947 4;38 A.M.
7. Birth date of deceased (mo., da: 8. AGE: Ye	y, yr.) JANUS ars Months MARYLAN (Town,	Uays If less than one day hrsmir	21. I CERTIFY that death occurred on the date above stated; that I attended deseased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
11. Industry or busin 12. Name	71.1	Mine el Misir Unknown	Other conditions
14. Malden nam	AMES W. MUI	Racon	(Include pregnancy within 3 months of death) Major findings of operations
Address &	on, or removal. Which?	2n 0	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
18. Funeral director. Address 19. Date tee'd by a	Elsa Vestere 19. 19. 47	you soal Wh Franty M. D. Registra	Means of Injury Injured at work? 23. SIGNATURE Address Address Address

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The careful is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07642

CERTIFICATE OF DEATH

	7
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
CountyAllegany_	
City or town	State Md. County Allegany
How long to shove place of death?	City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred:	Street No. 5 Bellevue St.,
Memorial Hospital	(If rurni, give LOCATION)
How long in hospital or institution?About 2 minutes	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Clyde Wull	1214-05-95-81
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATHSept
6.(b) Name of husband or wife Iva Myrl Evans	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It allve, give age 48 years	
7 Pirth date of	and that I last saw h.im_aller and Sept. 5 19 47
deceased (mo., day, yr.) Apr. 1, 1900	Immediate cause of death
8. AGE: Years Months Days If less than one day 4	Coronary occlusion about 8 min
9. Birthplace (Town, county, and state)	Due to Cardiac hypertrophy
10. Usual occupation Auto salesman	Oue to also coronary sclerosis
11. Industry or business Hare Auto Co.	Use 10.04.1.5.0
	Other conditions Hypertension
Simon Mull 12. Name Penna.	
	(Include pregnancy within 3 months of death)
	Major findings of operations.
	Date of op
16. Informant Mrs. Iva. Mull	Antopsy results.
Address 5 Bellevue St., Cumberland, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial Burial Date thereof Sept. 8, 1947	Accident, suicide, or homicide
Cemetery or crematory Madley Cem.	Where did injury occur?
Madley, Penna.	Injured at home, farm, industry, public place (where?)
H Wayne George	Meens of Injury Injured at work?
18. Funeral director Cumberland. Md.	Meputy Medical Examiner - Allegany Co.
Address Cumpertalia, Ma.	23. SIGNATUREH. V. Deming M. D. H. Deming M. D. M. D. Jother
19 Sept. 8 19 47 Whates R. Janto M. Dather of Date of Septistrar	Address Careful M. D. Worther Address Date signed 9.46/4.7



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

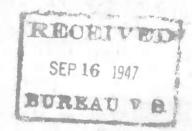
/	CERTIFICAT	TE OF DEATH	Reg. Diat. No	4
City or town		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of re	atyAllegan	arest town)
3. (a) FULL NAME			3. (b) Social Security 2/5-/4-6	
4. Sex 5. Color or race female white	isan 6.(B)Single, married, widowed, or divorced single	MEDICAL CE	ERTIFICATION	1, 1,5
7. Birth date of deceased (mo., day, yr.) Feb. 21 8. AGE: Years Months 23 9. Birthplace Cumberland (Town, co. 10. Usual occupation Waitre 11. Industry or business Restaurs 12. Name Charles F 13. Birthplace Md. 14. Maiden name Ella F 15. Birthplace W. Va. 16. Informant Mrs. Ella F Address 221 Spruce St 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory St. Ps Location Cumber 18. Funeral director Charles I	Days Hess than one day /5 hrs. min. Md. Md. Hess than one day /5 hrs. min. Md. Md. Hess than one day /5 hrs. min. Md. Md. Hess than one day /5 hrs. min. Md. Md. Md. Hess than one day /5 hrs. min. Md. Md. Md. Md. Hess than one day /5 hrs. min. Md. Md. Md. Hess than one day /5 hrs. min. Md. Md. Md. Hess than one day /5 hrs. min. Md. Md. Hess than	21. I CERTIFY that death occurred on the date about 19. and that I last saw h. e.r. all Dead Immediate cause of death Exsanguination Due to premature seperal placenta, bled probativing Augoprematity twins born dead Sometimes and portion placenta. Include pregnancy within 3 m Major findings of operations. Antopsy results As above PHYSICIAN: Please underline the cause to whe 22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide Where did injury occur? (City or town) Injured at home, farm, industry, public place (where the cause of injury Deputy Medical Exama 23. SIGNATUREH. V. Deming	ation of fusely 3 tin ure 7 mo. ept.lst/47 n retained months of death) Date of op. Date of op. (County) here?) Injured at work?	atatistically.

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefuld is especially important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County County City or lown	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MARYLAND, State County City or town FLINTSTONE (If outside city or town limits, write RURAL and give nearest town) Street No.FLINT.STONE, MD. Off rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME	3. (b) 'Social Security Number
NAZELROD, BABY GIRL Evelyn Mar	1e Morae
FEMALE WHITE (a) Single, married, widowell, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. APP 27 1947 31 540 P M
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 7. to 27. 19. 7. and that I last saw h 22. alive on 22.7.
deceased (mo., day, yr.SEPT 25, 1947	Immediate cause of death
8. AGE: Years Months Days It less than one day	Hemorliago Kew Josha
9. Birthplace FLINTSTONE MD. Alle gan y Co.	Due to Melena heana torium & day
1D. Usual occupation.	Due to
11. Industry or business	
12. Name NAZELROD, WALTER 13. Birthplace W. VA. Powo	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name STALLINGS, MAUDE 15. Birthplace MARYLAND, Old town	Major findings of operations
	Date of op.
16. Informant Walter Nazelrod	Autopsy results
Address Flintstone, Maryland.	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
17. Burial, cremation, or removal, Which?) Date thereof Light, Z 8 19 4 7. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Mt. Tabbe Method of Cemetery	Where did Injury occur?
Location Soving Gab. Maryland	(City or town) (County) (State)
+ (0,0)	Means of injury Injured at work?
	200
Address Cambelland, Md.	23. SIGNATURE Q1 G. Owens und
19 Sefect by registrary 18 4 J. W. K. J. ant. B. Registrar	Address Dung reland well Date signed Soft 27 -4.

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MARYLAND STATE DEPARTMENT OF HEALTH

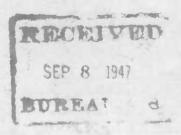
2411 N. Charles St., Baltimore

07645

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	Manual (Illianus)
City or town	31210
How long in above place of death?	City or town (if outside to reson limits, write (UR) and side nearest (wm)
Hospital, institution, or street address where beath occurred:	Street No. 12 Deall SIT
Miners hospital	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Lucy Theveren Ga	gere none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
temale White married	20. DATE DE DEATH September 3 19 47 21 /2:40 M
Your Olgeral	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(b) Name of husband or wife	august 20 1047 10 September 3 1947
7. Birth date of	and that I last saw h. C.T. alive on September 2 22 184).
deceased (mo., day, yr.)	Immediais_cause of death
8. AGE: Years Months Days If less than one day	alute misocarditis 6 days.
68 3 17hrsmin.	
9. Birthplace ateswelle Bedford Tennal	Due to Lagreffer 2 wks.
(Town, county, and diste)	
1D. Usual occupation	Due to
11. Industry or business, Manual 1.	
12. Name	Other conditions
13. Birthplace OMUNIC Cupillica	(Include pregnancy within 3 months of death)
14. Maiden name Mary and Aprague! 15. Birthplace . Cornwall Eubland	Major findings of operations.
15. Birthplace, Cordwall Endlaged	Date of op.
16, Interment Harry Ofger's	Actorsy results
and the R	PHYS1CIAN: Please underline the cause to which death should be charged statistically.
Address Thostings 110	22. VIOLENCE: If death was due to exfernal causes, fill in the following:
(Burial, cremation, or regional, Which?)	Accident, suicide, or homicide
Cemetery or crematory Circuit Ceutelery	Where did injury occur?
Ent (Ponna)	Injured at home, farm, Industry, public place (where?)
Location Control Contr	Means of Injury Injured 2t work?
18. Funeral director	010 1.11)
Address Mostining Md.	23. SIGNATURE F-C. Duell M.D.
1 9-4 147 Day Mayon Xh Roce	M. D. or other
(Date rec'd by registrar) Registrar	Address Tross was 1004 Date signed 1 The



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MARYLAND STATE DEPARTMENT OF HEALTH Dr Volverton

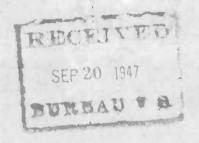
2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH: Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
VVIII]	State Maryland County Allegany
City or town. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town. (1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	7.45 Charach Ct
145 Church St.	Street No. 145 Church St (If rurs), give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
ALLIE HAZEL POLAND	The state of the s
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE DF DEATH September 15 19 47 at 2:15.0 M
Address of body and an order	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Nama of husband or wita	March 30 1947 10 Sep 15 1947
7. Birth dats of	and that I last aaw h IN alive on Lap 14, 1947 19
deceased (mo., day, yr.) April 14, 1888	Immediate cause of deaths. OURATION
8. AGE: Yeara Months Days It less than oos day	Metastatie carcinos of ling 6 mo
59 5 1hrsmin.	melasiane can in many a mor.
9. Birihplace Noscow, Allegany, Maryland (Town, county, and state)	Due to krimary frems undetermined
(Town, county, and state)	probably pelms.
10. Usual occupation Teacher	Due to
11. Industry or business Junior High School	
Il 12 Name James T. Poland	Dither conditions
12. Name James T. Poland 12. Name Moscow, Maryland	Stilet Conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Nora Guard	Major fiadiags of operations
14. Malden name Nora Guard 15. Birthplace Shelbysport, Maryland	Date of op.
Heber Poland	
10. Interment	Autopsy results
Address Mesternport, Md.	
- Purial Sept 18, 1947	22. VIOLENCE: tf death was due to external causes, fill in the following:
17 Burial (Burial, cremation, or removal, Which?) Date thereof. Sept 18, 1947 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Philos Cemetery	Whera did injury occur?
Location Westernport, Md.	Injured at home, farm, industry, public place (where?)
	Maans of Injury Injured at work?
18. Funeral director. Lllsworth S. Boal	
Address Vesternoort, Mi.	23. SIGNATURE James & Callo treston & Snd
Voiced us Brownika Ban Mil	M. D. or other
18. (Data seed by registrar) 18 4 7 Registrar Registrar	Address Fredmant Us Va Date signed 9-17-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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07647

CERTIFICATE OF DEATH

leg. Dist. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Alleger	State Day d. County Callega and
City or town	
Now long in above place of death?	Off outside city or town limits, write RURAL and give nearest town)
Hespital, Institution, or street address where death occurred:	Street No. 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(If rural, give LOCATION)
Now leng in hespital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME By the man	3. (b) Social Security Number
4. Ses 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White France	0 - 1 21 11- 1 1
Demine , , well synches	20. DATE OF DEATH
8.(b) Name of husband or wife & Designant Tolles	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(e) If alive/give age 7/1 years	Dept 21 1947, 10 Sept 21 1847
3. Birth date ef deceased (me., day, yr.)	and that I last saw h. O' slive on Clean Supt 21, 1947
8, AGE: Years Months Days If less than one day	Immediate cause of death
14 6 /14	Coronary occlusion
67 2 10hrsmla.	
9. Birthplace (Town) county, and state)	Due to.
to. Usual occupation.	Due to
1t. Industry or business	
12. Name 13. Birthplace 13 and 14 and	Other conditions.
Z 13 Birthplace Butch Md	
# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Include pregnancy within 3 month of ath)
14. Malden name / a / Bassara 10	Major findings of operations.
2 t5. Dirthplace	Date of op.
18. Informant 2000	Autopey results.
Address PL2: no 2 Honother a land	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 0 1 0 - 2/2-1947	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Data thereef (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Serter Commenters	Where did injury eccur? (City or town) (County) (State)
ocinetery of crematory	
Location Control Michigan Control Cont	Injured at home, farm, industry, public place Where?)
to. Funeral director Jacob Nachel	Means of Injury Injured at work?
	0 0,
Address from the state of the s	23. SIGNATURE Banadict Skelarelie IND
19. 4-da 104) Mus Mariey N. Rose	22 6 M. D. or other
(Date roc'd by registrar)	Address I - Cumberland 2nd Date signed \$21/47

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MARYLAND STATE DEPARTMENT OF HEALTH

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2411	N. Charles St., Baltimore	07048
CERTIF	FICATE OF DEATH	Reg. Diat. No.
1. PLACE OF DEATH: County	Street No. Rt. 6. A she	County Allegan I
3. (a) FULL NAME Daris Elaine Rosen	berger	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorce 5 ingle	WEDICA	L CERTIFICATION
7. Birth date of deceased (mo. day, yr.) March 26, 1932 8. AGE: Years Months Days If less than one day 15 5 24 hrs. 9. Birthplace Grantsville Md. (Town, county, and state) 10. Usual occupation See 5 b a line of the county	Immediate cause of death Kull Kull Due to Due to Dither conditions Fire Charles	racture ranial hemorrha
14. Maiden name. Pearl M. Beachy 15. Birthplace Grantsville, Md. 16. Informant. Ray mand Rasen barger Address Rt. 6. Cumber and Md. 17. Buxia Date thereof. Sept. 23. (Burial, cremation, or removal. Which?) Cemetery or crematory. Grantsville Cemet. Location. Grantsville, Mary land	Major findings of operations. Major findings of operations. PHASAN: Please underline the cause 22. VIOLENCE: If death was due to extern (year) Whera did injury occur? RODER (City or to Injured at home, farm, industry, public plants.)	mal causes, fill in the following: (State) (State) (State) (State) (State) (State) (State) (State)
18. Funeral director. John J. Harris Teld. Address Combined Teld. 19. Left. 23. 19.47 D. R. Danty D. (Date/rec'd by registrar)	Maans of injury Auto Acc	ct Statelic M. Cumberland igned 9/20/9

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

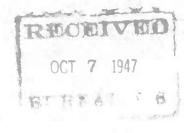
Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Allowand	(For newborn infants give residence of mother)
	State Mundand County County
(if outside city or town limits, write RURAL and give nearest town)	City or town Cumbuland
low long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
lospital, institution, or street address where death occurred:	Street No. 107 Wills Cruck and
allegassy Arrpital	(If rural, give LOCATION)
ow long in hospitator institution 5 weeks	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Clara 9. Roses	merkel Hord
6. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
will wit Wide	lel1 00 110 105
summe more yoursed	20. DATE DE DEATH. SUPA 28 1947, at 103
6,(b) Name of husband or wife & Ward Rosenmerkel	21. I CERTIFY that death occurred on the dale above stated; that t attended deceased from
	Que 24-1945 19, 10, Sept. 28 19
7. Birlh dale of	and that t last saw h an alive on Left. & 8 19.
deceased (mo., day, yr.) march 15 1888	Immediate cause of death DURA
8. AGE: Years Months Days It less than one day	Carrena of
59 6 13nhrsmh	
0 9 1 0 1 7 5	
9. Birtholace lessonterland and	Due to
(Town, county, and state)	
10. Usual occupation	Due to
11, Industry or business	
12. Name Dings Prings 13. Birthplace Bultimas MS.	Other conditions
	(Include pregnancy within 3 months of death)
14 Maiden name Cotherine Vannenmith	0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 = 0 =
14. Maiden name Catherine Hammeromith 15. Birthplace Cumhulund Mrd.	Major findings of operations
21 15. Birthplace	Date of op.
16. Interment Nelson W. Rosenmentel	Autopsy results
Address 107 Wels Creek and Cumbuland M	PHYStCIAN: Please underline the cause to which death should be charged statistically.
AUDIESS AS I TOURS OF THE MANAGEMENT THE	22. VtOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Dale thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory Sk Petr + Pauls Currently	Whers did Injury occur? (City or town) (County) (State)
Location Cumbuland Md	injured al home, tarm, industry, public place (where?)
18. Funeral director Louis Stain Inc	Massas of injury Injured of work?
Address Cumbuland Md	23. SIGNATURE Plan 14. Cozum Cu
1.16 30 11/0 to the	M. D. or other

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14. Maiden na 15. Birthplace

Address

(Burial, cremation, or removal. Which

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2.(a) If veteran, name war..

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CERTIFICATE OF DEATH

3. (b) Social Security Number

Reg. Diat. No

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For rewborn infants give residence of mother)
State May County Collegany
City or town burnhuland
City or town
(If outside city or town limits, write RUHAL and give nearest town)
12-0 11 11
Street No. 735 stayelle St.
Afrurel, give LOCATION)
AITHER, give LOCATION)

3. (a) FULL	NAME		Chu	lip of	4
male	5.	White	6.(a)Singl	e, prried, widowed, or divorce	d
5.(b) Name of hi 7. Birth date of deceased (mo		10. 1	15 s	c. Kengie c) tralive, give age	e
	Years	Months	Days	tf less than one day	
8. AGE:	54	- //	0	***************************************	~

	MEDICAL CERTIFICATION	,
D. DATE OF DEATH	Sept 23 10	47 at 6 A
1. I CERTIEY that	death contred on the date above stated; that I attende	d deceased from
Sy	h./Malive on 19.57	19,7
		DURATION
Cin	horis of the liver	?
	A	
ue to	mis alsoldism	

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the caose to which death should be charged statistically.

22. VIOLENCE: If death was due to external causee, fill in the following:

Accident, suicide, or homicide..... Where did injury occur?(City or town)

Injured at home, farm, industry, public place (where?)

Meane of Injury

Major fiedings of operations.....

M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Dist. No.

1. PLACE OF DEATH: O DO.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidenes of mother)
County	MA Q Q (1000)
Cily or town (If outside city or town limits, write RURAL and give nearest town)	State Manyland County allogany
	City or town (If outside city or town limita, write RURAL and give nearest town)
Row long in above piace of death?	
allegen Hospital	Sireel No. (If rural, give LOCATION)
8 0	
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
trank H. Schiller	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
bound w strike elow	20. DATE OF DEATH 34 7 P. 1947 21 7 P.
m 100.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	21. I CERTIFY that death decurred on the date above stated: that I alteriored deceased from
6.(c) If alive, give ageyears	
7. Birth date of	and that I last saw h A 19 The same of the
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate quee of death
82 ?min.	
9. Sirthplace	E. Lestedly (carlier) ?
9. Birthplace	Due to
10. Usuat occupation Farmer	
. *1	Due to
11. Industry or business	
12. Name Unions	Olher conditions
₹ 13. Birthplace	
E Unknown.	(Include pregnancy within 3 months of death)
14. Maiden name Cemmy	Major findings of operations
E 15. Birthplace	Date of op
16. Informant W Ibent Michiles	Autupsy results
D + + Com + Mal	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address James Strangeron 114	22, VIOLENCE: If dealh was due fo external causes, fill in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Date fhereof. (roonth) (day) (year)	
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Cumbuland, My.	Injured at home, farm, Industry, public place (where?)
De la Stain hu.	Meens of Injury tnjured al work?
18. Funeral director	
Address Cumbuland, Md.	23 SIGNATURE Y. U. Daming M.D.
8.11 9 " Wit 8 to 1 3	23. SIGNATURE M. D. or other
(Dare-rec'd by registrar) Registrar	Address aumberland 2nd Date signed 9- 5747

MARGIN RESERVED FOR BINDING

ADING INK. Supply every item of Physicians: please write the causes

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SEP 16 1947
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MARYLAND STATE DEPARTMENT OF HEALTH Dr R. W. Reeves 2411 N. Charles St., Baltimore 940 Westernport, Md.

CEDTIFICATE OF DEATH

		- 11
ŧ.	No.	6

			CERTIFIC	LAIE OF DEATH		Reg. Dist. No	Z
1. PLACE OF DEA	All	egan ten	У	2. USUAL RESIDENCE (I (For newborn infants of Maryland	ive residence of m	Allegany	
City or towe			City or town Bart (If outside cit	on town limits.	write RURAL and give near	rest town)	
	Germen S	st.	***************************************	Street No	(If rural, give I World W	LOCATION)	
How tong in hospital or			***************************************	2.(a) it veieran, name war	world a		
3. (a) FULL NAME	WILLIA	M Mc	KINLLY SCHRA	MM		3. (b) Social Security I	Number 755
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced			RTIFICATION	
Male	White	Ma	rried	20. DATE OF DEATH Sept	26	19. 47	2:30
5,(b) Nama of husband of 7. Birth date of deceased (mo., day, yr	37	6.(6	Schramm b) If alive, give age 48 2, 1896	21. I CERTIFY that death occupre	of on the date above 19	e stated: that latterded decea	f 19.
8. AGE: Years 5.0	Months 1.0	0ays 24	If less than one day	Immediate cause of death	ulef.	_ /	Sudda
9. Birthplace	Mine Coal	er Mine		Oue to			
El 13. Birthpiaca	Elizabeth	n Sch		(Include preg	nancy within 3 m	onths of death)	
14. Maiden name	Barton,			Major findings of operations			
16. Informant	Mr. Cha	rles	Schramm	Autopsy results			its tistically.
Address			Mary land	22. VIOLENCE: tt death was d	ue to external caus	es, fill in the following;	
Burial, eremation,	or removal. Which?)		en Sept, 29, 19 (month) (day) (year				
Cemetery or cremator	, Laurel	Hill	. Cemetery	Whera did Injury occur?	(City or town)	(County)	(State)
Location			ía ry la nd	Injured at home, farm, industry,	public piage (who		***************************************
18. Funeral director	Ellswo	rth S	Boal	Msans of injury	1	injured al work?	
Address	Western	pert,	-aryland	INA	201184	his	_
19. (Date pec'd by reg	19 47	396	ginte Bar	23. SIGNATURE	enclos	M. D. o	3ha//1/my

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indeed is especially important. Physicians: please write the causes of death clearly and legibly. FOR BINDING MARGIN RESERVED

correct age

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information carefully. The of death clearly and legibly

NFADING INK. Supply every item of int. Physicians: please write the causes

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	CERTIFICATE OF	DEATH	Reg. Dist. No.
I. PLACE OF DEATH: County	State	(If outside city or town limits, w	OCATION)
How long in hospitat or institution?	2.(a) It vetera	an, name war	
3. (a) FULL NAME Charles 4. Sex 5. Color or race 6. (a) Single, married, in the color of the	illiam Sh	MEDICALCER	3. (b) Social Security Number
male white mar	rild 20. DATE OF D	8.110.0	1947 11 780
6.(b) Name of husband or wife CASSEL SKELL 6.(c) It alive, g	ive age 66 years	t hat death occurred on the date above	
7. Birth date of deceased (mo., day, yr.) Ang 5 187.	7		DUBATION
	than one day hrsmin.	trefaction	william 5/2
9. Birthplace The County, and atate)			,
10. Usual occupation	Due to		
12. Name Jaylor Shank of	1 H- Va 1	(Include pregnancy within 3 more	
14. Malden named successful Harva	Major finding	gs uf uperations	
16. Informant miss & thele In . Share	Autopsy resu	ıits	
Address Olatown Ing	. 0	E: If death was due to external cause:	h death should be charged statistically.
(Burial, cremation, or removal, Which?)	nonth) (day) (year) Accident, suice	cide, or homicide	Date ot
Cemetery or crematory	/	jury occur?(City or town)	
Location Completion of The	3	me, farm, industry, public place (wher	
18. Funeral director Annas Stern	Means of Inju		Injured at work?
Address Cumberland	23. SIGNATU	RE 2 107	Lucon Je Will
19. Date rec'd by registrar) 18 47 Mrs C.	2. Chankola Address	whileston	M. D. or other



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH Reg. Dist. No ... 2. USUAL RESIDENCE (HOME) OF DECEASED: PLACE OF DEATH: (For newborn infants give residence of mother) City or town. (If outside city or town limits. How long in above place of death?... Hospilal, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 2.(a) If veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; 7. Rigth date of deceased (mo., day, yr.) DURATION Years 8. AGE: (Town, county, and state) 1D. Usual occupation (Include pregnancy within 3 months of death) 14. Maiden name. Major findings of operations. 15. Birthpiace PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Injured at work? Means of Injury 23. SIGNATURE



M. D. or other

Dala signed.

E OF DEATH

23. SIGNATURE

Reg. Diat. No.

/			CERTIFICAT			
1. PLACE OF DE	ATH:					
County	ALLEGAN	Y				
City or town			AND URAL and give nearest town)			
Hospitat, Institution, or MEMORI	لسع	death occurred	BERLAND, MD.			
How long in hospital or		DAIS	***************************************			
3. (a) FULL NAM	e LESTER _A S	TMMONS				
4. Sez	5. Color or race		e, married, widowed, or divorced			
M	WHITE	MA	RRIED			
			UERITE SIMMONS c) If alive, give age 37 years			
7. Birth date of deceased (mo., day, y	TARTETA TORE					
8. AGE: Years	Months	Oays	If less than one day			
47	\$ 8	2				
10. Usual occupation 11. Industry or business	CELANESE OHN SIMMON	county, and a	itate)			
≦ 13. Birthplece BAG1 VIIICIIVIA						
14. Maiden name JULIA 5mith.						
15. Birthplace	WiVir	gini	a			
18. Informant MA Address 404	RGUERITE S WALNUT ST,		ERLAND, MD.			
	or removal. Which?)	/	on Sept 24 1947 (month) (daf) (year)			
	rins, W.	1	Cemetery			
18. Funeral director	John Jo	Nofe	md.			
Address Cal	3 19 4 7	W	R. Tranton M. D.			

MARYLAND ALLEGANY
CIMBERIAND
City or town
Sireel No
2.(a) It veteran, name war
3. (b) Social Security Number
MEDICAL CERTIFICATION /
MEDICAL CERTIFICATION
20. GAYE OF GEATH SEPTEMBER 21, 1947 6;30 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attedded decoded from
9/C 7 / 19 19 10/F/2// 19
and that I last saw have on 19
Immédiate cause of death
Della State of the
A John Shipman
Oue to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Antopsy results
22. VIOLENCE: If death was due to external causes, fill in the tollowing:
Accident, suicide, or homicide
Where did injury occur?
Injured at home farm Industry public place (where?)
Means of ipjury // lejured all work?

2. USUAL RESIDENCE (HOME) OF DECEASED:

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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SERVICE OF LINE OF SERVICE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbord infants give residence of mother)
County Ullgany	
City or town	Proved 1
Now long to shove place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Of LOA 102 Fresthing, 2005
Olid for 2 I southward g , Sugar	(Ifrural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Wm. Saul Spe	tanas 236-36-1676
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorces	MEDICAL CERTIFICATION
male White Diverced	20. DATE OF DEATH SEPT. 23 19.47, 21 8:00 P. 1
a 45 November of the wide	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	may 26 14 94 go cept 33 18 41
7. Birth date of	and that I last saw Januarilye on Say 20 18 1.
deceased (mo., day, yr.) R ACF: Years Months Days If less than one day	Immediate and of death
o. Aug.	framoraly accuracy 3 49
7/ 0 3 min.	years
9. Birthplace (Town, codnty, and state)	Due to
// // .	
10. Usual occupation.	Due to
11. Industry or business Civil and Tanka	
12. Name Specto nos	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name Market Samuel Mo	Major findings of operations
\$ 15. Birthplace 31. Sarage Mo	Date of op.
16. Informant Transfer Spectage	Autopsy results
Address 160 Ozmania & Trustlying	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Sup. 20/ 1947	22. VIOLENCE: tt death was due to external causes, till in the tollowing:
17	Accident, suicide, or homicide
Cemetery or crematory Comments of Comments	Where did injury occur? (City or town) (County) (State)
Location Trostly g/m/x	Injured at home tarm, Industry, public place (where?)
Do de de desar	Means of Injury Injured at Work?
THE ALL ON	man Chi Smb)
Address booking, ho	23. SIGNATURE D. O. or other
19. 4-24 18 47 Mes Laurey No 108	- Harthause Sml 9-24-47
(Date rec'd by registrar) Registrar	Address

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg. Diat. No....

CERTIFICATE OF DEATH

/			
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants give residence of mother)		
City or town. [If outside city or town limits, write RURAL and give nearest town]	State Maryland county Allegany		
	City or town Ellerslie (If outside city or town limits, write RURAL and give nearest town)		
How long In above place of death?	(if outside city or town limits, write RURAL and give nearest town)		
nuspital, justitution, or street augress where ueath occurred:	Street No		
	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME Wane ta Virginia			
4. Sex 5. Color or race 61(4) Single, militied, wild of the order	hlman MEDICAL CERTIFICATION		
Ta - Was a			
Fe White Married	20. DATE OF DEATH Sept 14, 1947 11 19 47, at 6 p. M		
6.(b) Name of husband or wife Clyde E. Stalhman	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from		
	Ouglist 19 1942 10 Sept 14 1844		
7. Birth date of	and that I last saw b		
deceased (mo., day, yr.) April 9 1908			
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION		
) hrsmin.	May E Cas all the Phillips		
39 hrs,min.			
9. Birthplace Town, country d state)	Due to Ship and Albana		
	The state of the s		
1D. Usual occupation	Due to Stephentes distroucal		
11. industry or business			
E 12 Name Clarence L Clark	Other conditions		
Ellerslie Clarence L Clark Ellerslie			
Towns of W. Ward	(Include pregnancy within 3 months of death)		
14. Malden name Harriet V. Yost	Major findings of operations		
14. Malden name. Harriet V. Yost 15. Birthplace Ellerslie Clyde Stahlman	Date of op.		
18. Informant Clyde Stahlman			
10. III VI MAIL	PHYSICIAN: Please underline the caose to which death should be charged statistically.		
Address Ellerslie			
17. Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Burial, cremenon, of temoval. Which?) Date thereof. (month) (day) (yesr)	Accident, suicide, or homicide		
Cemetery or cremetery Porter	Where did injury occur?		
Location Hyndman R.D. #1	Injured at home, farm, Industry, public place (where?)		
	Means of Injury Injured at work?		
16. Funeral director Harvey H. Zeigler			
Address Hyndman Pa	6 VK onton		
10/216 47 APO. 1/1xle	23. SIGNATURE M. D. or other		
19. (Daté fec'd by registrar) Registrar	Address 199 Belleyd St Date signed 9/14/4)		
(Dute, ict u b) (existrat)	ADDRESS		

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CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME 4. Sen 5. Colof or face 6. (a) Single, married, widowed, or divorced	Steinla 3. (b) Social Security Number
Female White marriel	20. DATE OF DEATH. Septem: Co. 24 19 47 21 6 P. N
6.(b) Namo of husband or wife 6.(c) If alive, give age years 7. Birth dato of	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from 1947 1947 and that I last say her alive on September 1947
deceased (mo., day, yr.) 8. AGE: Years Months Days tiless than one day 65 /1 hrs. min. 9. Birthplace (Deceased (Town, county, and atte))	Immediate course of death Sim Cardin - OURATION Due to.
10. Usual occupation	Oue to
12. Name Backman 13. Birthptace Grendaline Sandaline	Other conditions (Include pregnancy within 3 months of death)
14. Maiden name. 2 Congress of the Strike of	Major findings of operations
Address 194 % Man String	Antopsy results
17. (Burial, cremation, or removal, Which?) Date thereof. 9-27-1947 (month) (day) (far)	22. VIOLENCE: 11 death was due to external causes, fill in the following; Accident, suicide, or homicide
Commetery or crematory Comments of Comment	Where did injury occur?
18. Funeral director Address Frostling Jyd:	Means of Injury Injured at work? 2. Sield Mach-
19. 2-26 (Date rec'd by registrar) 1947 Mus Mauly N. Registrar	Address Frostlery M. D. operhet Address Frostlery M. D. operhet Oato signed 26/4

UNFADING INK. Supply every item of information carefully. The correlant. Physicians: please write the causes of death clearly and legibly. BINDING FOR RESERVED MARGIN PLAINLY, is especially

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DR. ELIASON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No ...

CERTIFICATE	OF	DEATH

ress where death HOSPI' 6 HO LE ANN race 6	TUTV S.(a)Single, r S. 5.(c) 1 0 ays	WILER Married, widowed, or divorced INGLE			
ess where death HOSPI HOSPI ANN Trace TTE JUNE This	TUTV S.(a)Single, r S. 5.(c) 1 0 ays	NILER married, widowed, or divorced INGLE If alive, give ageyea			
HOSPI HOSPI HOSPI A HO LE ANN Trace TTE TUNE This	TUTV S.(a)Single, r S. 5.(c) 1 0 ays	NILER married, widowed, or divorced INGLE If alive, give ageyea			
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LE ANN rrace 6. ITE 6. JUNE 1.	TUTV S.(a)Single, r S. 10,	WILER married, widowed, or divorced INGLE If alive, give ageyea			
LE ANN r race ITE JUNE	TUTV 6.(a)Single, r S1	WILER married, widowed, or divorced INGLE If alive, give ageyea			
JUNE	6.(a) Single, r S 2	narried, widowed, or divorced INGLE Ingle			
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ths	0ays				
	8	ir less than one day			
	0	hrsmi			
9. Birthplace WEST VIRGINIA (Town, county, and state)					
10. Usual occupation					
11. Industry or business					
12 Name CLYDE O. TUTWILER 13 Birthplace WEST VIRGINIA					
The state of the s					
ST VIR	GINI	A			
MCMODIAI UOCDIMAI					
Address CUMBERLAND, MD					
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (your)					
Cemetery or crematory.					
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CHIV.	1100				
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.47	W. R.	Traut M. D.			
	TUTW T VIRG UGHERT ST VIR RIAL H ERLAND	TUTWILER T VIRGINIA UGHERTY, F. ST VIRGINI RIAL HOSPI ERLAND, MD Which? Date thereof			

2. USUAL RESIDENCE (HOME (For newborn infants give residence	OF DECEASED:
State WEST VIRGINIA	County HAMPSHIRE
City or towe	mits, write RURAL and give nearest town)

(Ifrurai, give LOCATION)

3. (b) Social Security Number

MEDICAL CERTIFICATION	
20. DATE OF DEATH SEPTEMBER 18 19 47	.7:45 F
21. I CERTIFY that death occurred on the date above stated; that I (Tended decease)	sed from
and that I fast saw h. Alive on Seffeld &	19.4
Immediate cause of death	OURATION 2 LOT
Oue to Leadersty	3 /

Due to	•••••

Other conditions	
(Include pregnancy within 3 months of death)	
Major findings of operations	

PHYSICIAN: Please und	erline the cause to which death	should be	charged statistically.
22. VIOLENCE: If death	was due to external causes, fill in	the following	ng:
Accident, suicide, or hom	leide	Oate	of
Where did Injury occur?	(City or town)	(County)	(State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

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DR. CAWLEY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
County CUMBERIAND City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital institution or street address where death occurred: How long in hospital or institution? 3 224	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARYLAND County ALLEGANY CUMBERLAND (If outside city or town limits, write RURAL and give nearest town) Street No. RT. CHRISTIE RD. (If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME MR. ARGYLE TWIGG	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MALE WHITE MARRIED MARY DIETE	MEDICAL CERTIFICATION SEPTEMBER 12,1947 1;25 A.M.
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 27 19. #C to SEPT 1 19. #7. and that I last saw h. I.M. alive on SEPT 11 19. #7.
8. AGE: Years Months Days If less than one day	Immediate cause of death CARCINGMA FACIAL GLANDS DURATION
9. Birthplace (Town, county, and state) 10. Usual occupation UNABLE TO WORK 11. Industry or business 12. Name 77 drew 39 13. Birthplace Parkers burg W.Vo. 14. Malden name Name y Backus 15. Birthplace Parkers burg W.Vo. 16. Informant MRS. MARY TWIGG Address RT 44 CHRISTIE RD. CUMBERIAND, MD. 17. Burial, cremation, or removal. Which?) Cemetery or crematory 77 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Due to
Location Compact land, Md.	tnjured at home, farm, Industry, public place (where?)
19 Dept 13 19 47 Winter R. Frantz M. J. (Datafree'd by registrar)	123. SIGNATURE. Track . Cole M. A. Address Memoral Hay Cumbel of Bate Signed Sept. 147

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME James & Twiga	3. (b) Social Security Number
Grale State Nather Widowed, or displey	MEDICAL CERTIFICATION 20. DATE OF DEATH. Supply 19. 47, 21 10 A.
6.(6) Name of husband or wife The Parish Survey Service of the	21. I CERTIFY that death occurred on the date above stated; that I attended decreased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days If less than one day 9. 8irthplace	Due to
11. Industry or business Seneral 12. Name	Dither conditions
16. Informant Thursmand Tongg. Address Comptendand Ind.	Actorsy results
17. (Burial, cremation, or removal. Which?) Cemetery or crematory	Accident, suicide, or homicide
Location	Means of Injury Industry, puere place (wherer) Injured at work?
18. Funeral director ASUM Sum and Address Cumberland 19. Sept. 9. 19. 4.7. W.R. Jasutz M.D. (Date See'd by registrar) Registrar	23. SIGNATURE & TB carley Amb Do or other Address Cumpertains M. D. or other Address Cumpertains M. Date signed The Date signed Date signe

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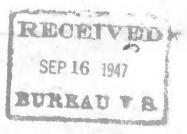
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LAINLY, WITH UNFADING INK. Supply every item of information carefully especially important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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07662 4 Reg. Dist. No. 4

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	death	3. (a) FU
	of of	4. Sex
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R	te	7. Birth da
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CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
SUSAN D. TWIGG	Aore
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced FEMALE WHITE SINGLE	MEDICAL CERTIFICATION SEPTEMBER 25 47 8:30 Am
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above states: that I mitended deceased from 19. 10. 10. 11. 11. 11. 11. 11. 11. 11. 11
8. AGE: Years Months Days If less than one day 1 7 0hrs. min.	Immediate cause of death Juneaus Juneaus Juneaus Juneaus
9. Birthplace	Due to.
12. Name. EDWARD. TWIGG. 13. Birthplace MARYLAND	Other conditions
14. Maiden name. MARY E. WEBER. 15. Birthplace MARYLAND	Major fieldings of operations
18. Informant Edward P. Twigg Address 316 Waverley Terrace, Cumberland, Md	Autopsy results. Sulfusions of June 1989 PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal. Which?) Date thereof. Sapt 2.7, 4447. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Cumberland Md	(City or town) (Connty) (State) Injured at home, farm, Industry, public place (where?) Meens of injury Injured at work?
18. Funeral director. And the first of the Address C. Andrews C. A	23. SIBNATURE M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infarts give residence of mother) State
3. (a) FULL NAME Inam & Wallan	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Homele Mute Insmed	MEDICAL CERTIFICATION 2D. DATE OF DEATH
6.(b) Name of husband or wife	and that I last saw h
14. Maiden nam 15. Birthplace 16. Informant Address 17. Burial, cremation, or removal. Which? Cemetery or crematory Cemetery Ce	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Actopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide. Whers dia injury occur? (City or town) (County) (State)
18. Funeral director 10 ms stem 9 ms. Address amberland 19 Sept 9 19 47 WR. Frantz M. B. (Date rec'd by registrar) Registrar	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE Address Oate signed

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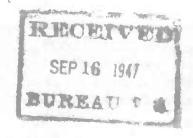
ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

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PLEASE WRITE.

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Cemetery or crematory

(Date rec'd by registrar)

Location 1B. Funeral director.

Address

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No.

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	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Many County allegary
	Cily or town (If outside city or town limits, write kURAL and give nearest town)
	Street No
l	2.(a) If veteran, name war
1	3. (b) Social Security Number
3	uplen none
	MEDICAL CERTIFICATION
	2D. DATE DE DEATH 20 19.49 21 9 30 PM
	21. I CERTIFY that death occurred on the date above stated; that/ attended deceased from
	1940 19 Sept 10 10 10
	and that I last saw bears, alive on Sept 1947
	Immediate cause of Arath DURATION
	Cerebral Empleson 1 Day
	Due to Suppleanding
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	Due to
	Diher conditions
	(Include pregnancy within 3 months of death)
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	Actopsy resolts
7	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide,
	Additional and the second of t
	Where did injury occur?
	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injured 24 work?
	1, AM (V (m)
	23. SIGNATURE. Of the state of
	Address Fortug Snd Date signed 9-12-4)
	new reserved to the second sec

A. PLACE OF DEATH: How long in above place of death?... Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 5. Mor or race 6.(a) Single, married, widowed, or divorced 4. Sex 6.(b) Name of husband or wife. 7. Birth date of deceased (mo., day, yr.) Months 8. AGE: pounty, and state) 1D. Usual occupation. 11. Industry or business 12. Name 13. Birthptace 14. Malden na 15. Birthplace 14. Malden name (Burial, cremation, or represal, Which?



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	CERTIFICATE OF DEATH
County	(If outside city or town limits, write RURAL and give nearest town) Street No
	VIP d
8. AGE: Years Months Days tiless 40 6 2/ 9. Birthplace Little Orleans, Allegary 10. Usual occupation	than one day than one day The second secon
16. Informant Gordon Navnic Maddress Cyesab town, Mary 17. Buria Date thereof Se (Burial cremation, or removal, Which?) Cemetery or crematory Hill Crest Comet Location Cum boy land Mary lates	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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(If out de city or town limits, write RURAL and give nearest town)

Reg. Dist. No.

3, (b) Social Security Number

CER	TIFICATE OF DEATH Reg. Di
1. PLACE OF DEATH: County Rile 4 and County City or town	Street No
4. Sex 5. Color or race 6.(a) Single, married, widowed, or single	or divorced MEDICAL CERTIFICATION 2D. DATE DE DEATH
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It tess than one Arrow (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name Edna Van Meter 15. Birthplace Mayayile, W. Van 16. (c) If alive, give age. 16. (c) If alive, give age. 17. If alive, give age. 18. AGE: Years Months Days It tess than one Arrow Very Very 10. Usual occupation. 11. Industry or business	day January January
Address Rt. 2, Keyser, W. Va.	

		Hon	1.	
	MEDICAL CE	RTIFICATI	ON	-
20. DATE DE DEATH	sest 20	,	047	9:30A
21. I CERTIEN that death of	curred oo the date abov		nded decease	d trom
and that I last saw hadda	ative on	V		19.5
Immediate cause of death	3 orn 1	Lexonene	d	DURATION
Spi	ne	3-fax	er.	***************************************
Oue to	***************************************			
Due to				

Other conditions	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(Include	pregnancy within 3 m	onths of death)		313
Major findings of operation	ns			
***************************************			ор	
Antopsy results			charged st	atistically.
22. VIOLENCE: If death	vas due to external caus	es, fill to the follow	ing:	
Accident, sutcide, or homic	id e	Date	of	*************************
Whare did Injury occur?	(City or town)	(County) ((State)
Injured at home, farm, Indi	istry, public place (wh	ere?)		
Means of Injury		Injured at	work?	
	A /			ha

ect age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No...

1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State County Allegany City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 241 Cromwell St (If rural, give LOCATION) 2.(a) If voteran, name war.				
3.(a) FULL NAME ERNEST LYNN WILTISON				TICOM		3. (b) Social Security Number	
							10, 1
4. Sox	5. Color or raco	71 1-11	, married, widowed, or di			RTIFICATION	t
Male	White	M	XXXXXX Si	ingle	2D. DATE DF DEATH	19 47 8:1	L5 a
8.(b) Name of hysband o 7. Birth deta of deceeed (mo., day, yr.	Tehnus	6. (c		yeare	21 TCERTIFY that death occurred on the dato ebout the state of the sta	p 19, 19 47 18	4.7. ATION
8. AGE: Yeere	Monthe	Days	If lese than one day		Core Con En En Kot	Lens 51	0
13	6	28	hrs	mln.	<u></u>		
9. Birthplace Luke, Allegany, Maryland (Town, county, and atate) Student 1D. Usual occupetion.			Due to	east ducans 4	yrs		
11. Industry or business		scho					
12. Name	Jaco Bi	irling	n Wiltiso	Ja.	Dther conditions		
E 13. Biringiace	Vir				(Include pregnancy within 8 m	nonths of death)	
14. Malden name	Luk	2.1.1.1.0			Major findings of operations	***************************************	
15. Birthplace						Date of op	
16. Informant	coo b.			*****************	Actorsy results	ich death should be charged statistically	
Address	Luke,	Maryl			22. VIOLENCE: If doath was due to external cause		40.7
17(Burial, cremation,	urial	. Date there	of Sept 2	1,1947	Accident, suicide, or homicide		
	Ph	ilos C	emetery (day	7) (year)			
Cometory or cremator			Maryland	***************	Where did Injury occur?(City or town)		
Location				,	Injured et home, ferm, Industry, public piece (wh	Injured at work?	
18. Funeral director	Ellsw	orth S	. Poal		Means of Injury	Uniforce 31 works	
Addross	West	ernpor	t, Maryl	ant	(land depart to	1 to mis	2
18. Saple (Date red d by reg	2/ 19.4°	4.300	ymhak	r Megistrar	Addros Predrant	M. D. or other M. D. or other M. D. or other	-47:

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